



CITY OF OXFORD

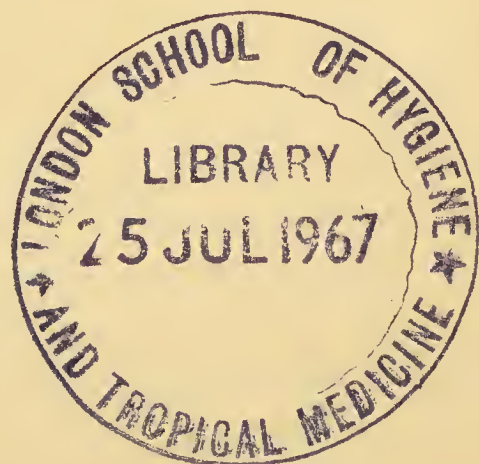
ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

for the year

1964





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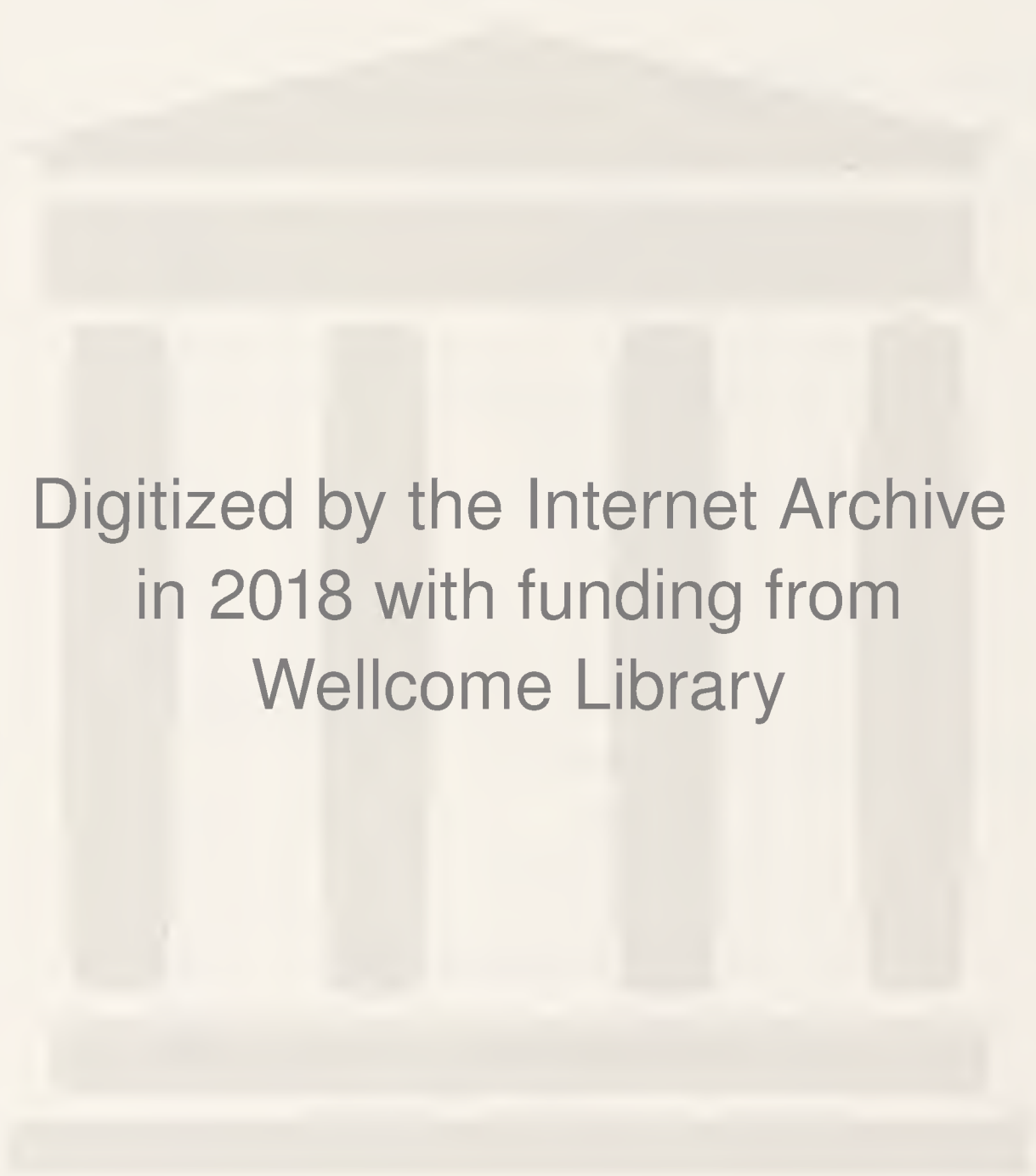
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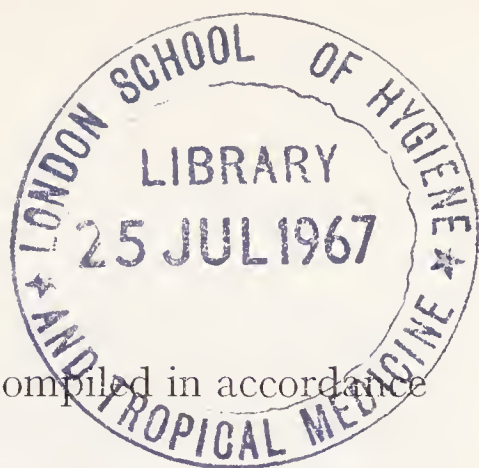
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MR. CHAIRMAN, LADIES AND GENTLEMEN,

This is my seventeenth Annual Report and is compiled in accordance with Ministry of Health Circular 1/65.

At the request of the Health Committee, a brief summary has been included which attempts to set out the many and varied contributions made by a large number of voluntary bodies to the work of the City Health and Welfare Services. As will be seen from this list, there are so many organisations concerned that it was impracticable to try to summarise the work of them all, and it is probable that the list is incomplete.

The vital statistics, generally, represent an average year. The birth rate remained at the very high level of last year. The stillbirth and infant mortality rates, although still below the corresponding figures for England and Wales, are both considerably above the exceptionally low Oxford levels of the last few years.

The slightly below average death rate included fewer deaths from diseases of the heart and circulatory system and the respiratory system, but an increase in deaths from cancer and violence. The overall increase in cancer deaths was entirely due to an increase in deaths from lung cancer. Analysis of the deaths from lung cancer reveals a point of considerable interest, namely that, whilst the 44 male deaths were about average for the last five years, the 18 female deaths were, by a long way, the highest yet recorded. It would appear that the increased amount of cigarette smoking amongst women in the war and post-war years is now resulting in a substantial increase in lung cancer deaths amongst females. Women have quite rightly shown much interest and enthusiasm in the development of cervical cytology as a preventive measure against cancer of the neck of the womb. In Oxford last year, two women died from cancer of the cervix in comparison with 18 female deaths from lung cancer. The moral is that women should be even more enthusiastic about an anti-cigarette smoking campaign and individually should set a good example. With regard to deaths from violence, those due to motor vehicle and other accidents showed a slight decrease but the 20 deaths from suicide was double last year's number.

The Blackbird Leys Health Centre has completed its fourth successful year. The population of the estate has now exceeded that for which the Health Centre was originally planned and an extension is under construction. The team of doctors, health visitors, district nurses and midwives working from the Centre has been joined by social workers from the Children's, Education and Housing Departments. The Family Planning Association opened a branch clinic at the Centre. The East Oxford Health Centre, to be built on the Cowley Road Hospital frontage site, is part of a bigger scheme to provide residential and headquarters accommodation for the Domiciliary Midwifery and District Nursing Services. The plans have been finally approved by the Ministry of Health and building should start in 1965. Unfortunately no progress has been made towards a central Health Centre pending a final decision of the Central

Area Development Plan. It has, however, been ascertained that seven practices with surgery premises in the central areas of the City continue to be interested in this scheme. Towards the end of the year, two partnerships expressed their wish to practise jointly from a Health Centre in the North Oxford area and a search is being made for a suitable site on which to build or for premises suitable for conversion. There is no doubt that general practitioners are showing a rapidly increasing interest in Health Centre practice. Following the introduction of the National Health Service, strategic sites throughout the City were allocated for Health Centre provision but some of these have since been used for other purposes. It is increasingly difficult to find alternative suitable sites for Health Centres and it is ironical that, when sites were readily available, there was no interest, whereas now, when practitioners are requesting Health Centres, suitable sites are difficult to find. The Minchery Farm Estate Surgery premises and the Northway Clinic continue to provide worthwhile branch surgery facilities.

Although the Ambulance Service again carried more patients over a greater mileage, it is of interest that, whereas the number of patients has increased nearly three-fold, the total mileage is still below that of 15 years ago. The increasing number of patients carried in recent years has been due to more numerous attendances at Outpatients and to the development of Day Hospitals, with particular reference to Cowley Road Hospital. The final report of the O. and M. team was received and, after much discussion, it was agreed that there should be an increase in the establishment of driver/attendants, together with the introduction of new grade of leading driver/attendant. The number of vehicles will also be increased. As a result, it will be necessary to extend both the administrative block and the garage accommodation, and plans for this work are now under discussion. The Radcliffe Infirmary link (landline to radio control) continued to provide a worthwhile service and it is hoped to extend this to neighbouring local health authorities; a second radio channel has already been allocated by the G.P.O.

With the successful completion of the schemes of attachment of health visitors and midwives to general practitioners and having regard to the great success of an experimental attachment of a district nurse to a practice in May 1963, it was decided in the latter part of the year to complete the scheme of attachment of district nurses. This was finally completed by March 1965, since when, every practice in the City, whether large or small, has its own health visitor, midwife and district nurse, either whole-time or part-time according to need. This has been a most exciting development which has been appreciated by doctors, nurses and patients alike. We have received visitors from many parts of this country and also from several countries abroad to discuss this pioneer scheme. It is pleasing that Dr. D. H. Richards and Miss Hayes were awarded W.H.O. Fellowships to visit Denmark and Sweden.

The District Nursing Service has been well below establishment in

recent years. However, a successful recruiting drive in the autumn, directed towards the part-time employment of married women, resulted in a full establishment by the end of the year. There has been an increased use of disposable equipment and also of the loan of nursing requisites. With regard to the latter, the British Red Cross Society has been concerned about the number of wheel chairs taken out on long-term loans and steps have been taken to ensure that, when required on a permanent basis, they should be obtained through the Ministry of Health. There has been a big increase in the use of incontinence pads both in the District Nursing Service and at Old People's Homes.

The Home Help Service has had another busy year with an increase in cases helped, of whom two-thirds are over the age of 65. Frequent staff recruitment drives have met with some success but have been offset by resignations and at the end of the year there was the equivalent of 49 full-time helps compared with an establishment of 57. A special scheme by which selected home helps could be engaged solely for maternity cases commenced in September. A training programme for all home helps is due to start early next year.

For some years, patients attending the gynaecological and postnatal sessions at the Oxford hospitals have had the benefit of routine cervical cytology, and since the advent of the contraceptive pill this facility has also been available at the Family Planning Clinics. In October, the Cytology Laboratory at the Churchill Hospital indicated that it was able and willing to play its part in a comprehensive service. Such a scheme obviously required the co-operation of hospitals, general practitioners and the local authority services, and in October the Local Medical Committee set up a Sub-Committee with your Medical Officer of Health as convenor. The resultant report was approved by all concerned and in March 1965 a comprehensive scheme offering routine cervical cytology to all Oxford women over the age of 20 came into effect. Local authority clinics have been established for this purpose and the assistance of local authority nursing and clerical staff is being made available to help any general practitioner who is willing to undertake this work, either in his own surgery or in a local authority clinic. The Regional Hospital Board Records Unit have kindly undertaken to assist with the essential record keeping, including a five year recall system.

Every opportunity is taken to emphasize the dangers of cigarette smoking. Although the risk of lung cancer has received much publicity, the danger of developing disabling chronic bronchitis is even greater. Only a minority of doctors now smoke cigarettes and it is surely of very great significance that this is the only group of the population in which the incidence of lung cancer is falling.

The combined parentcraft class run by two practices has continued and it is hoped that more practices with the help of their domiciliary nursing team will copy this most successful experiment.

In the wider sense of Health Education, the Department carries very

heavy teaching responsibilities for postgraduate doctors, medical students, student health visitors, pupil midwives, student district nurses, student hospital nurses, nursery nurses and social workers. All this teaching takes up a considerable amount of time and effort of many members of staff, but it is all very worthwhile.

As a result of the appointment of a craft instructress to take over responsibility in Old People's Homes, the domiciliary occupational therapists were able to give increased attention to home-bound patients.

The recruitment of a part-time chiropodist made it possible to increase the number of persons receiving chiropody treatment. Most of the work is done at Old People's Clubs or Homes, but a small number of patients are visited in their own homes and a few are transported for special sessions at one or other of the Old People's Homes.

Infectious diseases presented few problems during the year. Scarlet fever had a particularly low incidence. There was again an increase in whooping cough which coincided with an impressive increase in the number of cases admitted to the Slade Hospital. Most of the latter were under the age of one year and many of these had been infected by vaccinated older siblings who had suffered from mild and often unrecognisable attacks. Mumps is not a notifiable disease but there was no doubt that the disease was very prevalent and, judging by the complicated cases admitted to the Slade Hospital, rather more severe than usual. Apart from one case in 1961, poliomyelitis has not occurred in the last six years, whilst the last case of diphtheria was in 1949. The expected biennial measles epidemic commenced gradually in November. There was a low incidence of Sonne dysentery but both Day Nurseries suffered from mild outbreaks which were soon controlled. The single case of paratyphoid fever, although contracted well away from Oxford, was rather worrying because of a family connection with a bakery in the City. There was a very low incidence of food poisoning, only two small outbreaks being reported.

Dr. Alastair Ironside, R.M.O. at the Slade Hospital for the last eight years, left to take up his important new appointment as Lecturer in Infectious Diseases in the University of Glasgow and Consultant Physician to Ruchill Hospital. Many Oxford residents, who have been in-patients at the Slade Hospital in recent years, have good cause to be grateful to Dr. Ironside and our best wishes accompany him to Glasgow.

There has been a substantial increase in the number of new cases of pulmonary tuberculosis in males over the age of 35, and the total notifications are the highest since 1955. Dr. Ridehalgh points out that this does not necessarily mean an increase in infective tuberculosis, but may be due to better case-finding and in particular to a visit of the Mass Radiography Unit, when about 44% of the adult population had a chest X-ray. In referring to the importance of tracing all the contacts of each new case, Dr. Ridehalgh has included details of one most interesting and productive enquiry which brought to light several connected cases.

There was no marked change in the incidence of venereal disease.

There were no cases of primary or secondary syphilis and a slight fall in the incidence of gonorrhoea, but non-gonococcal urethritis in men continued to increase. The proportion of non-British patients attending the V.D. Clinic was about 33% in the case of men and 12% in the case of women.

This was the first full year since the change of policy in the timing of infant vaccination against smallpox and it is estimated that about 60% of children were vaccinated, which is approaching the level achieved before the change was made. At the request of the Ministry of Health, it was agreed to assist the Lister Institute in determining the potency of different batches of smallpox vaccine.

Protection against diphtheria, whooping cough, tetanus and poliomyelitis continued at a high level, the latter almost entirely by means of the Sabin (oral) vaccine.

Oxford is one of a small number of local authorities co-operating with the Medical Research Council in a trial of measles vaccines. During October and November, over 200 children between ten months and two years of age received either a dose of killed vaccine followed by a dose of attenuated live vaccine, or just one dose of the live vaccine. These children, along with a similar control group, are being carefully followed up and at the time of writing there has been only one mild case of measles in the vaccinated groups in contrast to 18 (13 moderate or severe) in the control group. Such results already suggest a very worthwhile degree of protection.

The travellers' vaccination clinic has been busier than ever; the number of requests for yellow fever vaccination has again increased. There were also more requests for T.A.B. vaccine, no doubt as a result of the recent outbreaks of typhoid fever in this country and abroad.

The proportion of domiciliary births dropped to 30% although, as a result of the continuing high birth rate, the actual number of patients delivered at home was only slightly lower than last year. The maternity hospitals have only been able to cope with the greater number of hospital confinements by the expedient of a substantial increase in the number of "early discharges". Accordingly, in April, a scheme was introduced by which all hospital-booked antenatal cases considered likely to be suitable for early discharge were referred to the Supervisor of Midwives for assessment of the home circumstances. Two part-time domiciliary midwives were employed solely to help with "early discharge" hospital cases. The headquarters of the Domiciliary Midwifery Service was moved from 82/84 Abingdon Road to share the Central District Nurses' Home, 39/41 Banbury Road, in July.

For the last eight years, all perinatal deaths in any way connected with domiciliary midwifery have been fully investigated (including post-mortem examination). These have included not only deaths at home but those which occurred in babies born to mothers admitted to hospital as emergencies in labour and also those admitted to hospital after confine-

ment at home. The object of this exercise is to try to ascertain any avoidable factors. There was one maternal death due to shock and haemorrhage following an incomplete abortion in a patient who had recently moved into the City.

All health visitors now receive car allowances and the decentralisation policy has been further extended so that only seven health visitors including the Superintendent and Deputy now have their office at Greyfriars. One result of the attachment scheme is that many more visits are now being made to old people (988 visited on 4,670 occasions) and to mentally disordered persons. The extension to the Lake Street Baths to provide clinic premises was completed during the year, and a similar extension is planned in relation to the St. Barnabas Baths and Library building.

Of the 31 child welfare clinics held each week, 11 (35%) are taken by general practitioners on behalf of their own practice patients. The average number attending all child welfare clinics is 25 per session, and it is estimated that 98% of all babies make at least one attendance during their first year of life. Half of the work of the clinics is concerned with prophylactic inoculations, 30% with consultations concerning a problem, and 20% with routine medical examinations. A first birthday examination was completed on 67% of all those born in the previous year. There was a welcome increase in the uptake of welfare foods from clinics. Arrangements are now complete for the early diagnosis of deafness during the first year of life.

There were 34 infant deaths, of which 22 were due to prematurity or congenital defects. The scheme for the notification of congenital abnormalities, which was introduced in Oxford in a voluntary capacity last year, was continued but as part of a national scheme under the Ministry of Health. In Oxford, there was an incidence of 19.3 malformed infants per 1,000 total births.

There was an increase in the number of registered private nurseries and in the number of children attending. In October, a Play Group, mainly for children in the Homeless Families' Unit and other huts in the Slade Park, was started in the Slade Park child welfare clinic premises five mornings a week. This was a partnership effort between the local authority and the Save the Children Fund who employ the Organiser.

Under the Adoption Act 1958, an increasing number of babies (28) were examined on behalf of the Children's Department prior to placement for adoption. The examination and assessment of these very young babies is a difficult procedure requiring considerable medical skill. The Senior Assistant Medical Officer concerned serves on the Adoption Sub-Committee of the Children's Committee.

There were 219 registered illegitimate live births (11.7%) but in at least 65 cases the father and mother registered the birth together, indicating that the parents were living in stable union. The Mother and Baby Hostel has again been of great value in helping with this problem.

The Mental Health Services are rapidly expanding. An additional Mental Welfare Officer and a second Trainee have been appointed to cope with the greater emphasis on community care. There was a welcome reduction in the number of subnormal children awaiting admission to hospital. The newly-formed Area Advisory Committee for dealing with the employment of mentally-disabled persons has had a successful year, and the opening of the Industrial Training Centre in the autumn of 1965 is eagerly awaited. St. Nicholas House, providing residential accommodation for 20 severely subnormal children, was ready for use in July and was officially opened in November by the Earl of Longford. This hostel provides long-term accommodation for those who are attending the adjacent Training Centre and who can no longer continue to live at home. It also provides valuable short-term relief covering parental sickness and holidays. The great interest already taken by a number of voluntary bodies in this hostel is most gratifying.

Developments planned for 1965 include a hostel for 24 subnormal adults (both sexes) to be built adjoining the Industrial Training Centre, and a 24-bedded hostel at Rose Hill for long-stay mentally-sick patients who need residential accommodation with the minimum of supervision. As soon as the Senior Training Centre is ready to take the older subnormals, vacant accommodation at the Mabel Prichard Training Centre will be adapted as a special care unit for up to 12 very young or seriously handicapped children.

The main aim of the Health and Welfare Services is to enable the maximum number of old and handicapped people to remain in their own homes for as long as possible. The services available within the Health Department to help to meet this ideal include home nursing, health visiting welfare officers, home helps, meals-on-wheels, chiropody, laundry, bathing, adaptations in the home, provision of aids to daily living, together with short-stay admission and occasional visits to Old People's Homes. In fact, a happy and fruitful partnership between the statutory and voluntary services is providing regular domiciliary help for over 2,000 aged and infirm persons. During the year, the Old People's Welfare Committee of the Council of Social Service introduced a pilot scheme for a day care service which should prove a valuable addition to the existing services; the object being to provide more regular daily help by means of a panel of locally recruited part-time helpers.

Iffley House, the sixth purpose-built 60-bedded Old People's Home, was ready for occupation at the end of the year, thus making available 428 beds, of which only 46 are neither on the ground floor nor served by a lift. All the bedrooms in Iffley House are either single or double ones, and it is of some interest that in all the eight Homes there are now 72 single-bedded, 134 two-bedded, 15 four-bedded, 2 five-bedded, and 3 six-bedded rooms. Although still inadequate, the bed situation at Cowley Road Hospital has shown a considerable improvement on the most unsatisfactory state of affairs of a year ago.

With regard to temporary accommodation, it has been agreed in principle that the Children's Department should take over responsibility in cases where children are involved. The existing Homeless Families' Unit will accordingly be transferred to the Children's Department on the understanding that one room will be reserved for use by the Health Department to accommodate an occasional adult when necessary. The Homeless Families' Unit has remained full and at times overcrowded during the year, and as a result a neighbouring hut made available by the Housing Committee was brought into use early in 1965. This too will be handed over to the Children's Department with the intention that it should be adapted to provide self-contained units in order that husbands may be admitted with their families. This improved "homeless family" accommodation can then be run with advantage in conjunction with the new rehabilitation unit also under the control of the Children's Committee.

The Workshop for the Handicapped has had another good year with increased sales from the Shop. Two part-time shop assistants have enabled the Shop to remain open at lunchtime.

The Meals-on-Wheels Service has expanded to provide an average of 2,560 meals per month. The impending closure of the cooking centre at Cowley Marsh necessitated the commencement of a scheme by which all meals-on-wheels will eventually be supplied from Old People's Homes. In November, Iffley House became the first such experimental centre and has been followed early in 1965 by Shotover View and Townsend House.

A Senior Assistant Medical Officer continued to take a particular interest in all medical work connected with the welfare services and Dr. Tilley has given an interesting description of his many useful activities in this sphere.

The Public Health Inspectors' Section of the Department has had a particularly busy year. A re-organisation of duties enabled certain Senior Inspectors to specialise in one particular aspect of their work whilst retaining general responsibility for a district. An additional Senior Public Health Inspector and two Technical Assistants were added to the staff.

The Offices, Shops and Railway Premises Act 1963 came into effect and 1,527 premises had been registered by the end of the year.

Smoke Control Area No. 4 which covers about 1,100 premises between the City centre and the railway station was confirmed in November. There has been particular interest and much discussion in connection with the planning of chimney heights for new buildings. As the result of a complaint that fumes from a dry cleaning plant were affecting adversely the health of persons in the vicinity, a general survey of all such plants was carried out. This step proved to be fully justified as other examples were found where escaping fumes of this nature were effecting the health of workers or neighbours. Noise complaints have been more varied this year but many of these can be alleviated, if not eliminated, by the co-operation of all concerned.

Radiation is a new potential environmental hazard; it arises as the result of the increasing use of radioactive materials in hospitals, University science departments, factories, and schools. The Radioactive Substances Act 1960 requires the most careful control over the use, storage and disposal of all such radioactive materials. Copies of all registration certificates issued by the Ministry of Housing and Local Government are forwarded to the local authority concerned, and 25 have so far been received in connection with Oxford buildings. Regular reports on the disposal of radioactive substances are received from the Radiation Protection Officer appointed by the University and the United Oxford Hospitals, and levels have been consistently well below the maximum allowed.

With regard to housing, there has been further clearance of the St. Ebbe's redevelopment area, much of which now consists of car parks pending a decision on the Central Area Development Plan. Further consideration is being given to the St. Barnabas area where it is hoped that a planned campaign will ensure that redevelopment follows quickly on the heels of clearance, so avoiding any repetition of the unsatisfactory Cranham Street scheme. There have been renewed efforts in connection with improvement grant work. The lack of progress in the South Oxford area was disappointing but it is hoped that greater success will attend the efforts now being made in the East Oxford area. There has been no serious problem in connection with multi-occupation. Immigration has increased but integration has proceeded in a quiet way, with little cause for complaint.

No untreated milk is now sold in the City. Milk samples from the increasing number of automatic vending machines provided the only instances of failure to pass the methylene blue keeping quality test. The gross misuse of and the filthy state in which some milk bottles are returned continues to cause concern.

A thorough inspection of all college kitchens and City restaurants (180 premises) took place in the latter part of the year.

Slaughtering increased but very little overtime was needed insofar as meat inspection was concerned; no charge is made unless inspection takes place after 6 p.m. Mondays to Fridays or at weekends. A record low level of tuberculosis was found in all animals; the bovine incidence being nil. Mouldy foodstuffs again led to a substantial number of prosecutions and warnings; this is an indication that much greater care is needed in the handling and storage of perishable food, particularly when the weather is warm and sultry.

Increased sampling was necessary in connection with school swimming pools, most of which gave satisfactory results.

Problems in connection with Civil Defence continued to occupy the time of some members of the staff of the Health Department. In November, your Medical Officer of Health attended, for the fourth time, a refresher course at the Civil Defence Staff College, Sunningdale.

In March 1965, your Medical Officer of Health resigned as one of the County Borough advisers to the Association of Municipal Corporations Health Committee having held this responsible position for 13 years. He has continued to be a member of the Joint Committee on Vaccination and Immunisation set up to advise the Health Ministers on all the medical aspects of vaccination and immunisation. He has also accepted the invitation of the Minister of Health to become one of the two Medical Officer of Health members of the Public Health Laboratory Service Board.

Dr. G. F. Willson, a member of the staff for 11 years, of which nine were spent as Deputy Medical Officer of Health and Deputy Principal School Medical Officer, left in April to take up his new appointment as Deputy County Medical Officer of Health and Deputy Principal School Medical Officer to Dorset County Council. Dr. Willson took a particular interest in the mental health services and was instrumental in laying down a very solid foundation on which rapid progress is now being made. He was a most popular colleague, well-liked in all circles in the City. His promotion was well-merited, but we shall all miss him very much. Dr. H. H. John was promoted to be his successor and this left the further vacancy of Senior Assistant Medical Officer for Maternity and Child Welfare, which was filled by the appointment of Dr. Catherine Hall who joined the staff in August after obtaining her D.P.H. at the London School of Hygiene where she covered herself with glory, becoming the Gold Medallist of the year. Other welcome additions to the staff were Dr. E. P. Lawrence as Assistant Medical Officer of Health and School Medical Officer, and Dr. G. E. Leyshon as a Trainee D.P.H. Medical Officer. Dr. Lawrence had previously had eight years' clinical and administrative experience in Uganda as a member of the Colonial Medical Service, whilst Dr. Leyshon had had two years' experience in general practice in South Wales. Dr. Leyshon commenced a full-time D.P.H. course at the London School of Hygiene in September.

The Health Committee completed their review of the establishment of the Health Department early in the year, and this was followed by a comprehensive review undertaken by the Establishment Committee of all A.P.T. III posts and upwards in all Corporation Departments.

Before closing this introductory letter, I would like to refer to the death of Alderman Mrs. Prichard which occurred in March 1965 at the age of 90. Her death brought to an end a quite exceptional period of public service which had particular reference to the work of the Health Committee. I believe that Mrs. Prichard knew the Health Department when it was a small Section in the Town Hall comprising little more than the Medical Officer of Health, Public Health Inspector and Clerk. Numerous children, mothers and grandmothers must have benefited from the many health measures in the provision of which Mrs. Prichard had so large a share. She is particularly commemorated by the Mabel Prichard Training Centre. A life of such devoted public service over so many years is unique and all past and present members of the staff of the Health



THE DOMICILIARY TEAM

A G.P. partnership with attached Health Visitor, District Nurse and Midwives

Department who have known and worked with her would, I know, like to join me in paying this tribute.

Although I am responsible for this Report, many members of my staff, some named and others not mentioned personally, have contributed to it, and it is a very real pleasure and privilege to acknowledge, once again, the willing and efficient support I have received from all my staff throughout the year.

Finally, I should like to thank, most sincerely, the Chairman and all Members of the Health Committee for their kindly consideration and encouragement at all times.

Yours faithfully,

J. F. WARIN,

Medical Officer of Health.

SECTION I

(a) COMMITTEE MEMBERS

HEALTH COMMITTEE

Chairman: Councillor SIMPSON, M.B.E.*Vice-Chairman:* Alderman ROBERTS.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	Miss GOOD, M.A.
„	BROMLEY	„	LOUGHRAN
„	Mrs. HARRISON-HALL, J.P., M.B. Ch.B.	„	MEADOWS, A.I.S.T.,
„	Mrs. LOWER.	„	M.R.S.H.
„	Mrs. PRICHARD, O.B.E., J.P., M.A.	„	RICHARDSON
Councillor	CONSTABLE, B.Sc., M.A.	„	Miss SPOKES, M.A.
„	DICKINS	„	WHITE
„	GLAZER, M.B., B.S., F.F.A., D.A.	„	WILCHER, B.Litt.,
		„	M.A.
		„	WILLIAMSON, M.A.
Mrs. M. HOUGHTON } representing the Oxford County and City Executive Council.			
Mrs. O. PHIPPS }			
Mr. A. W. DENT, J.P., representing the United Oxford Hospitals.			

MATERNITY, CHILD WELFARE AND HOME SERVICES SUB-COMMITTEE

Chairman: Councillor DICKINS*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Alderman	Mrs. HARRISON-HALL, J.P., M.B.,	Councillor	Miss GOOD, M.A.
	Ch.B.	„	MEADOWS, A.I.S.T.,
„	Mrs. LOWER	„	M.R.S.H.
„	Mrs. PRICHARD, O.B.E., J.P., M.A.	„	RICHARDSON
„	ROBERTS	„	SIMPSON, M.B.E.
		„	Miss SPOKES, M.A.
		„	WILLIAMSON, M.A.
	Mrs. A. CAMPBELL, M.A.	} co-opted	
	Mrs. E. COATE		
	Mrs. M. DEAN, M.A.		

MATERNITY FINANCE SECTION

Chairman: Councillor DICKINS.*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Alderman	Mrs. PRICHARD, O.B.E., J.P.,	Councillor	SIMPSON, M.B.E.
	M.A.	„	WILLIAMSON, M.A.
Councillor	MEADOWS, A.I.S.T., M.R.S.H.	„	Mrs. M. DEAN, M.A.

MOTHER AND BABY HOSTEL HOUSE SECTION

Chairman: Mrs. M. DEAN, M.A.*Vice-Chairman:* Alderman Mrs. ANDREWS, M.B.E.

Alderman	Mrs. PRICHARD, O.B.E., J.P.,	Councillor	Miss GOOD, M.A.
	M.A.		Mrs. A. CAMPBELL, M.A.
Councillor	DICKINS		Mrs. E. COATE

MENTAL HEALTH SUB-COMMITTEE*Chairman:* Councillor MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Councillor Miss SPOKES, M.A.

Alderman	Mrs. HARRISON-HALL, J.P., M.B., Ch.B.	Councillor	SIMPSON, M.B.E.
			WILLIAMSON, M.A.
„	Mrs. PRICHARD, O.B.E., J.P., M.A.	„	WILCHER, B.Litt., M.A.
„	ROBERTS		Mrs. M. HOUGHTON
Councillor	CONSTABLE, B.Sc., M.A.		Mrs. O. PHIPPS
„	RICHARDSON		
	Mrs. H. C. BROWN, J.P., co-opted.		

WELFARE SERVICES SUB-COMMITTEE*Chairman:* Councillor MEADOWS, A.I.S.T., M.R.S.H.*Vice-Chairman:* Alderman Mrs. HARRISON-HALL, J.P., M.B., Ch.B.

Alderman	Mrs. ANDREWS, M.B.E.	Councillor	RICHARDSON
„	BROMLEY	„	SIMPSON, M.B.E.
„	ROBERTS	„	Miss SPOKES, M.A.
Councillor	CONSTABLE, B.Sc., M.A.	„	WHITE
„	GLAZER, M.B., B.S., F.F.A., D.A.	„	WILCHER, B.Litt., M.A.
„	Miss GOOD, M.A.	„	WILLIAMSON, M.A.
„	LOUGHRAN		Mr. A. W. DENT, J.P.

GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity Child Welfare and Home Services; Mental Health; and Welfare Services Sub-Committees, together with Councillor Glazer, M.B., B.S., F.F.A., D.A.

Representatives of Health Committee on Joint Ambulance Committee

Councillor	GLAZER, M.B., B.S., F.F.A., D.A.	Councillor	SIMPSON, M.B.E.
„	MEADOWS, A.I.S.T., M.R.S.H.		

Representatives of Health Committee on Oxford Voluntary Care Committee for Tuberculosis and Chest Diseases

Councillor	CONSTABLE, B.Sc., M.A.	Councillor	Miss GOOD, M.A.
„	GLAZER, M.B., B.S., F.F.A., D.A.	„	MEADOWS, A.I.S.T., M.R.S.H.

HOUSING COMMITTEE*Chairman:* Councillor WILLIAMSON, M.A.*Vice-Chairman:* Alderman FAGG

Councillor	BOWDERY	Councillor	LIHOU
„	BUTLER	„	LOUGHRAN
„	Mrs. CARR, M.A.	„	McKAY
„	Miss GOOD, M.A.	„	MAGEE
„	INGRAM	„	PARKER

(b) HEALTH DEPARTMENT STAFF*Medical Officer of Health*

J. F. WARIN, M.D., D.P.H.

Deputy Medical Officer of Health

H. H. JOHN, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G. (Transferred from Senior Assistant Medical Officer of Health, Maternity and Child Welfare 17.4.64).
 G. F. WILLSON, M.D., D.P.H. (Ceased 30.4.64).

Senior Assistant Medical Officers of Health

A. I. BLENKINSOP, M.B., B.S., D.P.H., D.C.H., D.R.C.O.G. (General Purposes).
 C. E. HALL, M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Welfare). (Commenced 1.8.64).
 H. H. JOHN, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G. (Maternity and Child Welfare). (Transferred to Deputy Medical Officer of Health 17.4.64).
 J. H. TILLEY, M.B., B.Ch., D.P.H. (Welfare).

Assistant Medical Officers of Health

E. P. LAWRENCE, M.B., B.Ch., D.P.H., D.T.M. & H. (Commenced 10.8.64).
 G. E. LEYSHON, M.B., Ch.B. (Commenced 1.7.64). (On leave—D.P.H. Course)
 M. J. O'SULLIVAN, M.R.C.S., L.R.C.P., D.P.H.
 R. G. PLEDGER, M.B., B.S., D.P.H. (Ceased 21.4.64).

Consultant Tuberculosis Officer (Part-time)

F. RIDEHALGH, M.D., F.R.C.P.

Principal Dental Officer

C. H. I. MILLAR, B.Sc., L.D.S.

Chief Public Health Inspector

W. COMBEY, D.P.A., F.A.P.H.I., A.M.I.P.H.E. (a) (b) (c) (d).

Deputy Chief Public Health Inspector

S. J. GARROD (a) (b) (c) (d).

Senior Public Health Inspectors

K. ENGLAND (a) (b).
 K. O. KEIGHLEY (a) (b). (From 1.4.64).
 J. P. MULLARD (a) (b).
 J. G. SCOTT (a) (b) (e).
 D. WATSON (a) (b) (d).

District Public Health Inspectors

P. R. DAVIS (f). (Commenced 13.7.64).
 A. W. FLOCKHART (a) (b). (Scotland).
 I. F. KING (a).
 N. M. NEWTON (a).
 D. G. SAFFIN (f). (Commenced 13.7.64).

Pupil Public Health Inspectors: 3. (1 vacant).

- (a) Sanitary Inspector's Certificate, Sanitary Inspector's Joint Board.
- (b) Meat and Food Inspector's Certificate, Royal Society of Health.
- (c) Sanitary Science Certificate, Royal Society of Health.
- (d) Smoke Inspector's Certificate, Royal Society of Health.
- (e) Testamur of Institute Public Cleansing.
- (f) Public Health Inspector's Certificate. Public Health Inspector's Joint Board.

*Van Driver 1. Outside Public Health Assistants: 3.**Superintendent Nursing Officer*

Miss M. G. ATKINSON, D.N. (a) (c) (d) (e).

Deputy Superintendent Health Visitor

Miss G. DAVIES, D.N. (a) (c) (d).

Senior Health Visitors

Miss J. BARNETT (a) (c) (d). (From 1.4.64). (Transferred from Health Visitor).
 Miss N. CROOKALL (a) (d). (From 8.10.64). (Transferred from Health Visitor).
 Miss M. WILLIS (a) (c) (d). (From 8.10.64). (Transferred from Health Visitor).

Health Visitors

Miss J. BARNETT (a) (c) (d). (Transferred to Senior Health Visitor 1.4.64).
 Miss E. J. BLACKLER (a) (c) (d).
 Miss D. BREE (a) (c) (d).
 Miss M. BROWN (a) (c) (d) (e).
 Miss N. CROOKALL (a) (d). (Transferred to Senior Health Visitor 8.10.64).
 Mrs. D. A. DOWLING (a) (d). (Commenced 17.4.64).
 Miss E. DUDSON (a) (c) (d).
 Mrs. I. EAGLE (a) (c) (d). (Retired 30.4.64).
 Miss J. M. FAIRS (a) (c) (d).
 Mrs. B. C. HALLETT (a) (c) (d). (Commenced 1.9.64).
 Miss K. J. HAYES (a) (c) (d).
 Miss D. HIGGINS (a) (d). (Commenced 2.3.64). (Ceased 31.12.64).
 Miss G. M. LAWRENCE (a) (c) (d).
 Miss M. T. MOWAN (a) (c) (d). (Ceased 30.9.64).
 Miss H. RANKIN (a) (c) (d).
 Miss H. L. ROBINSON (a) (c) (d).
 Miss D. R. TATTERSALL (a) (c) (d).
 Miss M. WILLIS (a) (c) (d). (Transferred to Senior Health Visitor 8.10.64).
 Miss M. WITTEN-HANNAH (a) (d).

Student Health Visitors

5 1st year, 4 2nd year.

Non-Medical Supervisor of Midwives

Miss P. MILLAR (a) (c).

Assistant Non-Medical Supervisor of Midwives

Miss D. B. INNESS (a) (c). (Transferred from Midwife 1.4.64).

Senior District Midwife

Miss M. E. VINER (a) (c). (Transferred from Midwife 1.4.64).

Midwives

Miss M. C. R. FISHER (a) (c).
 Miss D. B. INNESS (a) (c). (Transferred to Assistant Non-Medical Supervisor of Midwives 1.4.64).
 Mrs. F. O. MACKENZIE (a) (c). (Ceased 17.10.64).
 Miss M. E. NICHOLAS (a) (c). (Commenced 1.9.64).
 Miss D. R. PADWICK (a) (c).
 Miss M. R. POWELL (a) (c).
 Miss J. M. PROBERT (a) (c).
 Miss D. E. REEVE (a) (c).
 Mrs. F. M. THOMPSON (a) (c). (Ceased 6.6.64).
 Miss M. E. VINER (a) (c). (Transferred to Senior District Midwife 1.4.64).

Deputy Superintendent District Nurse

Miss D. M. KING (a) (c) (e).

Senior District Nurses

Miss W. DUNLOP (a) (c) (e).
 Miss G. PUGH (a) (e).

District Nurses

Mrs. M. ANGELL (a) (e).
 Mrs. W. B. BRICKNELL (a) (e).
 Miss M. R. CARPENTER (a) (c) (e). (Ceased 31.8.64).
 Mrs. V. N. CARTER (a) (c) (d) (e).
 Mrs. F. M. DAVIES (a) (e).
 Mrs. L. F. HIGGINSON (a) (c) (e). (Part-time).
 Miss H. M. MASSEY (a) (e). (Part-time).
 Mrs. E. Mobey (a) (c) (e).
 Miss B. MOSS (a) (e).

Mrs. R. QUIGLEY (a).
 Mrs. H. ROBERTSON (a) (c) (e).
 Miss M. E. THOMPSON (a) (c). (Commenced 21.12.64).
 Miss W. WILSON (a) (c) (e). (Retired 13.10.64).
 Miss E. W. TURRILL (a) (c). (Commenced 5.9.64).
 Mrs. K. M. THORNLEY (a) (e). (Part-time). (Commenced 5.10.64).
 Mrs. C. BARKER, Nursing Orderly.

Student District Nurses: Nil.

Mother and Baby Hostel

Mrs. B. Humphries (a) (c). Matron.
 Miss F. BOLTON (f). Deputy Matron.
 Miss F. A. GODDARD, C.C.R. Nurse. (Part-time).

Nurseries

Botley Road Day Nursery

Miss G. M. NIXEY (f). Matron.
 Miss G. M. THOMAS (f). Deputy Matron.
 Two Nursery Nurses.

Florence Park Day Nursery

Mrs. E. PEARCE (a) (c). Matron.
 Miss G. M. HARRIS (f). Deputy Matron.
 Two Nursery Nurses.

Home Help Service

Miss P. E. URBAN-SMITH. Organiser.
 Miss K. THICKE. Assistant Organiser.

Occupational Therapists

Miss J. A. GOULD, S.R.O.T., Head Occupational Therapist.
 Mrs. M. M. BROCKETT, S.R.O.T., Assistant Occupational Therapist. (Commenced 19.10.64).
 Miss P. BURNS, S.R.O.T., Assistant Occupational Therapist. (Ceased 26.6.64).
 Miss J. HIPWELL, S.R.O.T., Assistant Occupational Therapist. (Commenced 17.8.64).
 Miss B. SPENCER, S.R.O.T., Assistant Occupational Therapist. (Commenced 16.3.64). (Ceased 28.8.64).
 Miss J. A. WILLIAMSON, S.R.O.T., Assistant Occupational Therapist. (Ceased 15.4.64).

Medical-Social Workers

Mrs. D. HICKS (Tuberculosis). (Part-time).
 Miss B. PIESSE (Venereal Diseases). (Part-time).

Mental Welfare

D. A. PURRETT, Senior Mental Welfare Officer.
 Miss E. GILBERTSON (a) (c) (d). Senior Assistant Mental Welfare Officer.
 L. A. CLINKARD, Mental Welfare Officer.
 F. F. VIPOND, Mental Welfare Officer.
 Miss M. BENNETT, Trainee Mental Welfare Officer. (Commenced 1.4.64).

Training Centre

Miss O. WARBURTON, Supervisor.

Assistant Supervisors

Mrs. E. ALLEN (Temporary).
 Mrs. M. CORRIGAN.
 Mrs. D. B. GRANT. (Commenced 2.9.64).
 Mrs. M. FAWCETT.
 J. A. HOPE.
 Miss R. F. STAVELEY. (Ceased 31.8.64).
 Mrs. J. WEBBERLEY.

St. Nicholas House (Hostel for sub-normal children).

- Mrs. S. G. DAVIS, Superintendent. (Commenced 1.5.64).
 Miss F. M. JEANS (f). Matron. (Commenced 1.7.64).
 Mrs. B. M. VIPOND, Housemother. (Part-time). (Commenced 27.7.64).
 Mrs. E. M. BURTON, Assistant Housemother. (Part-time). Commenced 1.8.64).
 Mrs. J. E. Foster, Assistant Housemother. (Part-time). (Commenced 10.8.64).

Welfare Services

- J. C. DAVENPORT, Chief Welfare Services Officer.
 J. HADFIELD, Deputy Chief Welfare Services Officer.
 J. CLARKE, Senior Assistant Welfare Services Officer.
 R. J. CRANE, Senior Assistant Welfare Services Officer.
 Miss A. C. HERBERT (a). Assistant Welfare Services Officer.
 Mrs. E. GODFREY, Welfare Assistant. (Old People's Welfare).
 Mrs. M. DALE (a). Welfare Assistant. (Old People's Welfare). (Commenced 1.4.64).
 Miss R. WADDLE, Welfare Assistant. (Welfare of the Deaf). (Commenced 7.9.64).
 Miss P. M. DELL, Craft Instructress. (Commenced 7.9.64).
 Miss J. BARON, Home Teacher to the Blind.
 Mrs. E. DEAN, Home Teacher to the Blind.
 N. BOWLEY, Superintendent of Handicapped Workshop.
 M. TRAFFORD, Foreman of Handicapped Workshop.
 Mrs. V. M. EALEY, Sales Assistant, Handicapped Retail Shop. (Ceased 18.4.64).
 Mrs. M. HATTON, Sales Assistant, Handicapped Retail Shop. (Part-time). (Commenced 2.11.64).
 Mrs. D. Manson, Sales Assistant, Handicapped Retail Shop. (Part-time). (Commenced 2.11.64).
 Miss B. SINGLETON, M.Ch.S., Chiropodist. (Part-time).

*Old People's Homes**Barton End*

- Mrs. N. K. DIXIE (a). Matron.
 Mrs. B. E. HICKEY (b). Deputy Matron.

Cutteslowe Court.

- Miss Y. M. HARRIS (a). Matron. (Ceased 14.3.64).
 Mrs. E. PRATT (a). Matron. (Transferred from Deputy Matron, Shotover View 14.3.64).
 Mrs. J. ISHERWOOD (a) (e). Deputy Matron. (Commenced 5.12.64). (Ceased 8.12.64).
 Miss G. L. COX (a). Deputy Matron. (Ceased 18.10.64).

Frilford House

- J. CHERRY, M.B., B.S., Medical Officer. (Part-time).
 Mrs. L. WATFORD (b). Matron. (Commenced 25.3.64).
 Mrs. E. G. FIDLER (b). Deputy Matron.
 Mrs. L. WATFORD (b). Deputy Matron. (Transferred to Matron 25.3.64).

Iffley House

- Mrs. T. FOVARGUE (a). Matron. (Commenced 1.9.64).
 Miss P. SIRMAN (b). Deputy Matron. (Commenced 1.9.64). (Transferred from Relief Deputy Matron).

Marston Court

- Mrs. M. SWAIN (a). Matron.
 Mrs. H. SPARKES (b) Deputy Matron (ceased 14. 3. 64)
 Mrs. D. GOWER (a) (c). Deputy Matron. (Commenced 4.5.64).

Oseney Court

- Mrs. A. E. COULTER-SMITH (b). Matron.
 Mrs. E. COX (a). Deputy Matron. (Ceased 5.3.64).
 Mrs. M. COLLISON (b). Deputy Matron. (Commenced 27.7.64).

Shotover View

- Miss M. A. BULBECK (b). Matron.
 Mrs. E. PRATT (a). Deputy Matron. (Transferred to Matron, Cutteslowe Court 14.3.64).
 Miss N. BELLINGHAM (b). Deputy Matron. (Commenced 11.5.64).

Townsend House

- Mrs. L. TEMPLETON (a). Matron.
 Miss M. GILLESPIE (b). Deputy Matron.

Relief Deputy Matron, Old People's Homes

- Miss P. SIRMAN (b). (Commenced 11.5.64). (Transferred to Iffley House 1.9.64).

Administrative

- H. G. ANNELY, Chief Administrative Assistant.
 T. D. THOMSON, Senior Administrative Assistant.
 L. C. STOCKFORD, Senior Administrative Assistant (Welfare Services). (Commenced 27.4.64).
 M. L. FRENCH, Administrative Assistant (Public Health Inspector's). (Ceased 18.10.64).
 W. J. GIBBS, Administrative Assistant (General Purposes). (Transferred from Clerical Assistant 11.9.64).
 L. N. TUTT, Administrative Assistant (Mental Health). (Commenced 1.5.64).
 B. EALEY, Senior Clerical Assistant (Welfare Services).
 Miss M. V. CRABB, Medical Officer of Health's Secretary.
 Miss J. A. CHARLES, Chief Public Health Inspector's Typist/Secretary.
 Miss D. M. MULHOLLAND, Chief Welfare Services Officer's Typist/Secretary. (Commenced 1.1.64).
 Mrs. J. R. DOWNS, Clerical Assistant (Public Health Inspector's). (Transferred from Clerk 1.4.64).
 W. J. GIBBS, Clerical Assistant (General Purposes). (Transferred to Administrative Assistant 11.9.64).
 Mrs. K. W. GOLDSMITH, Clerical Assistant (Mental Health). (Commenced 4.5.64).
 P. C. GOMM, Clerical Assistant (Welfare Services). (Commenced 1.12.64).
 Miss N. M. JOHNSON, Clerical Assistant (Health Visitors). (Transferred from Clerk 9.10.64).
 Miss S. M. MARSHALL, Clerical Assistant (District Nurses). (Ceased 14.2.64).
 Miss H. M. MITCHELL, Clerical Assistant (Maternity, Child Welfare and Infectious Diseases).
 J. E. STIMSON, Clerical Assistant (Welfare Services). (Ceased 31.12.64).
 Miss I. STONE, Clerical Assistant (Vaccination and Immunisation).
 Mrs. P. M. WHITING, Clerical Assistant (Mental Health). (Ceased 31.3.64).
 Miss B. MANTHORPE, Secretary/Receptionist, Blackbird Leys Health Centre. (Commenced 1.4.64).
 Mrs. E. THOMSON, Clerk/Receptionist, Blackbird Leys Health Centre. (Full-time from 1.4.64).
 Miss M. E. WOOD, Clerk/Receptionist, Blackbird Leys Health Centre. (Transferred to Clerk, District Nurses 1.4.64).
 Miss V. ALLEN (S/T Public Health Inspector's). (Transferred to Clerk 25.3.64).
 Miss M. J. COLWELL (S/T Public Health Inspector's). (Commenced 23.11.64).
 Miss D. I. SKINNER (S/T Welfare Services).
 Seventeen Clerks, General Division. (One on leave for Social Workers' Course).

- (a) State Registered Nurse.
- (b) State Enrolled Nurse.
- (c) State Certified Midwife.
- (d) Health Visitor's Certificate.
- (e) Queen's Nurse.
- (f) Certified Nursery Nurse.

(c) OFFICES and ESTABLISHMENTS of the HEALTH DEPARTMENT

		<i>Telephone No</i>
Main Office (Health and Welfare)	Greyfriars, Paradise Street	Oxford 47212
Mental Welfare	14 Castle Street	„ „
Immunisation and Vaccination	} 24 Church Street, St. Ebbe's	„ „
Welfare Foods		
Health Visitors	3 Castle Terrace, St. Ebbe's	„ „
District Nurses, Main Home	39/41 Banbury Road	„ 57721
Branch Homes	23 Hollow Way, Cowley	„ 79382
	79 St. Leonard's Road, Headington	„ 62321
Midwives Hostel	39/41 Banbury Road	„ 55400
Home Help Organiser	29/31 George Street	„ 49811
Public Health Inspector's Office	36 Pembroke Street, St. Aldate's	„ 49811
Health Centre	Blackbird Leys Estate, Cowley	„ 78244
Botley Road Day Nursery	Botley Road	„ 43492
Florence Park Day Nursery	Florence Park	„ 77286
Mother and Baby Hostel	Clark's Row, St. Aldate's	„ 43072
Handicapped Workshop	} 12 Woodstock Road	„ 57602
Retail Shop		
Domiciliary Occupational Therapy		
Barton End Old People's Home	Barton Road, Headington	„ 62829
Cuttesslowe Court Old People's Home	Wyatt Road, Summertown	„ 54446
Frilford House Old People's Home	Frilford Heath, Nr. Abingdon, Berkshire	Frilford Heath 238
Iffley House Old People's Home	Iffley Turn	Oxford 78141
Marston Court Old People's Home	Marston Road	Oxford 41526
Oseney Court Old People's Home	Botley Road	„ 44592
Shotover View Old People's Home	Horspath Road, Cowley	„ 78468
Townsend House Old People's Home	Bayswater Road, Headington	„ 62232
Homeless Families Unit	Slade Park, Headington	„ 78711
St. Nicholas House	St. Nicholas Road, Littlemore	„ 77855
Training Centre	St. Nicholas Road, Littlemore	„ 77878
Ambulance Headquarters	Churchill Drive, Old Road, Headington	„ 61336

(d) CLINICS**1. Antenatal**

Bury Knowle House, Old High Street, Headington	Friday	9.30 a.m.— 10.30 a.m.
East Oxford Centre, 151a Cowley Road	Tuesday	9.30 a.m.— 10.30 a.m.
60 St. Aldate's	Thursday	9.30 a.m.— 10.30 a.m.

2 *Child Welfare*

Blackbird Leys Health Centre, Cowley	*Tuesday	2—4 p.m.
	*Wednesday	10—11 a.m.
	Wednesday	2—4 p.m.
	*Thursday	2—4 p.m.
British Legion Hall, Hadow Road, New Marston	Wednesday	2—4 p.m.
Bury Knowle House, Old High Street, Headington	*Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Clinic Premises, Albert Street, St. Barnabas	Monday	2—4 p.m.
	*Wednesday	2—4 p.m.
Clinic Premises, 14 Church Street, St. Ebbe's	Friday	2—4 p.m.
Clinic Premises, Lake Street	Tuesday	2—4 p.m.
Clinic Premises, South Parade, Summertown	Tuesday	2—4 p.m.
	*Wednesday	2—4 p.m.
	Thursday	10.0 a.m.— 12 noon
Clinic Premises, Temple Road, Cowley	Monday	2—4 p.m.
	*Tuesday	2—4 p.m.
	*Wednesday	9—10 a.m.
Community Centre, Underhill Circus, Barton Estate, Headington	Wednesday	2—4 p.m.
Community Centre, The Oval, Rose Hill	Thursday	2—4 p.m.
Donnington School Clinic, Henley Avenue	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
	*Friday	2—4 p.m.
East Oxford Centre, 151a Cowley Road	Monday	2—4 p.m.
	Friday	2—4 p.m.
Northway Clinic, Maltfield Road	Thursday	2—4 p.m.
Slade Park Clinic, 2nd Avenue, Slade Park	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
Village Hall, Wolvercote	Thursday	2—4 p.m.
*General Practice Clinic		

3. *Immunisation and Vaccination*

60 St. Aldate's (also at all Child Welfare Clinics)	Wednesday	5—5.30 p.m.
Yellow Fever, 24 Church Street, St. Ebbe's	Tuesday	2.0 p.m. (by appointment)

4. *Dental*

60 St. Aldate's	By appointment
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(e) THE CONTRIBUTION OF THE VOLUNTARY ORGANISATIONS

Numerous voluntary bodies are active in the City and these make a considerable contribution to the health and welfare of the community. The organisations work in close harmony with the statutory services as will be apparent from the following brief review.

British Red Cross Society

Work of the Society includes:—

Aid provision for the sick or disabled on an agency basis for the local authority.

Club facilities for handicapped and elderly persons.

Meals-on-Wheels—delivery service for meals provided by the authority.

Old People's Home established.

Support for the disabled also entails visiting, provision of books and pictures, and arrangement of holidays and escorts.

“Fish” Schemes

Good neighbour services are organised in various parishes. Voluntary support includes visiting and baby-sitting as well as help in emergencies.

National Childbirth Trust

A physiotherapist employed by the Trust co-operates with Health Department staff in running mothercraft and relaxation classes in clinic premises.

National Deaf Children's Society, Oxford and District Region

Evening classes for deaf children are held.

Talks are arranged for parents and teachers of deaf children and efforts made to publicise the problems of deafness.

National Society for the Prevention of Cruelty to Children

The local Inspector of the Society is active in the interests of children. He works closely with the statutory services and attends meetings of the Committee which co-ordinates work in the field.

Oxford Aid-in-Sickness Charities

Reference is made to these charities in another section of the report.

Oxford and District Club for the Hard of Hearing

Club facilities and lip-reading classes are provided for the hard of hearing.

Oxford and District Society for Mentally Handicapped Children

Club facilities are provided for mentally handicapped children, and

the Society has also interested itself in the welfare of children resident at St. Nicholas House. Meetings are arranged for parents.

Oxford and District Social Club for the Blind

Club facilities and social activities are provided for the blind.

Oxford (City and County) Society for the Blind

The Society arranges holidays and makes grants for the provision of food, clothing or comforts in needy cases.

Oxford City Moral Welfare Association

The Association provides a service for persons in moral difficulties. A Social Worker is employed for this purpose and works closely with local authority officers.

Oxford Council of Social Service

The Council co-ordinates the activities of the numerous statutory and voluntary social service organisations in the City. It also served to stimulate the development of new services where gaps exist.

An Old People's Home has been established under the Joint management of the Council of Social Service and the Oxfordshire Rural Community Council.

The Council of Social Service also publishes a useful booklet on the Social Services in Oxford, and this incorporates a Directory of Organisations and Old People's Welfare Handbook.

Much valuable work for the elderly is undertaken by a Sub-Committee of the Council of Social Service, the:—

Oxford Old People's Welfare Committee

This Committee also serves as a co-ordinating agency, bringing together all concerned with the care of the elderly.

Other activities include:—

- (a) Chiropody Clinics at Clubs for the elderly.
- (b) Day-Care Service to supplement the Home Help Service.
- (c) Friendly visiting to relieve loneliness and afford practical assistance.
- (d) Publication of the "Over-60's News".

Oxford Diocesan Council for the Deaf

The Council undertakes welfare work for the deaf on behalf of the local authority.

Oxford Voluntary Association for Mental Health

The Association makes grants to mentally handicapped persons in need.

Oxford Volunatry Care Committee for Tuberculosis and Chest Diseases

The Committee raises funds and gives assistance when indicated to persons with chest diseases.

St. John Ambulance Brigade

The Brigade runs an Ambulance Service on behalf of the local authority.

Training in first aid is provided and nursing coverage is given to local social events.

Samaritans

The organisation was founded to help persons in despair and tempted to commit suicide, and a 24-hour service is provided. Excellent relations exist with the statutory services to which clients may be referred.

Save the Children Fund

A Play Centre to serve the Slade Park area has been opened with voluntary support. The authority provided accommodation without charge for rent, heat or light, and the Fund assumed responsibility for payment of the organiser, as well as making an initial grant for equipment. Voluntary workers also help care for the children.

Voluntary Work at Child Welfare Clinics

Voluntary support for the Child Welfare Clinics is organised informally on an individual clinic basis, but the major contribution of these workers must be gratefully acknowledged. Assistance to professional staff is given in the distribution of welfare foods, preparation of refreshments, record maintenance, and the supervision and weighing of children.

Women's Voluntary Service

The following services are provided:—

Children—arrangement of holidays and escorts.

Clothing—supply for needy.

Hospital work—car service, visiting, canteen facilities.

Old People's Welfare—visiting, clubs, delivery of meals-on-wheels.

Other organisations active in the area include those listed below. Further information is given in the comprehensive Directory of Organisations, which is published by the Oxford Council of Social Service.

Abbeyfield Oxford Society.

Alcoholics Anonymous.

Boy Scouts.

British Legion.

British Limbless Ex-Service Men's Association.

Cancer Information Association.

Catholic Social Organisations.

Church Army.

Church of England Temperance Society and National Police Court Mission.

City of Oxford Road Safety Organisations.

Citizen's Advice Bureau.

Community Associations.

Discharged Prisoners' Aid Society.

Distressed Gentlefolk's Aid Association.

Family Planning Association.

Forces' Help Society and Lord Roberts' Workshops.

Girl Guides.

Hospitals' Welfare Associations.

International Voluntary Service.

Junior Council of Social Service.

League of Friends of Littlemore Hospital.

Lord Mayor of Oxford's Winter Fund.

Marriage Guidance Council.

Mobile Physiotherapy Committee.

Multiple Sclerosis Society.

Oxford Committee for Racial Integration.

Oxford Cottage Improvement Society.

Oxford and District Good Neighbours' Fund.

Oxford Mail Inquiry Bureau.

Oxfordshire Association for the Prevention of Tuberculosis.

Oxfordshire Association of Boys' Clubs.

Oxfordshire Spastics Welfare Society.

Oxment.

Police Aided Association for Clothing Poor Children.

Sea Scouts.

Soldiers', Sailors' and Airmen's Families Association.

Volunteer Emergency Service.

Voluntary Service Centre.

Young Men's Christian Association.

Young Women's Christian Association.

In addition, there are numerous clubs and homes for the elderly provided by various voluntary agencies.

The City Council supports many of the local voluntary bodies and also makes grants to the following national organisations:—

Marie Curie Trust.

The British Epilepsy Association.

The Central Council for Health Education.

The Central Council for the Disabled.

The Chest and Heart Association.

The National Association for Maternal and Child Welfare.

The National Association for Mental Health.

The National Council for Home Help Services.

The National Council for the Unmarried Mother and her Child.

The National Society for Clean Air.

The Noise Abatement Society.

The Queen's Institute of District Nursing.

The Royal Society for the Prevention of Accidents.

The Royal Society for the Promotion of Health.

SECTION II

STATISTICS

Report prepared by H. G. ANNELY
Chief Administrative Assistant

SUMMARY

Area of City	8,785 acres
Population (estimated mid-year 1964)	108,880
Number of inhabited houses at 31.3.64	29,824
Rateable value of City at 31.3.64	£6,476,103
Product of a penny rate for 1963/64	£25,439

Total cost of all health services 1963/64:—

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services	33,144	32,280
Local Health Services	267,045	218,254
Welfare Services	233,386	147,626
	<u>£533,575</u>	<u>£398,160</u>

	<i>City of Oxford</i>		<i>England</i>
	<i>Average</i>		<i>and Wales</i>
	1964	1954-63	1964
Live births:—			
Number	1,872		873,990
Rate per 1000 population (Recorded)	17.19	14.69	
Rate per 1000 population (as adjusted by comparability factor 0.93)	15.98		18.4
Illegitimate live births per cent of total live births	11.7	8.29	
Stillbirths:—			
Number	29		14,509
Rate per 1000 total live and stillbirths	15.25	15.93	16.3
Total live and stillbirths	1,901		888,499
Infant deaths (deaths under 1 year)	34		17,507

	<i>City of Oxford Average</i>		<i>England and Wales</i>
Infant mortality rates:—	1964	1954-63	1964
Total infant deaths per 1000 live births	18.16	18.76	20.0
Legitimate infant deaths per 1000 legitimate live births	18.15	18.17	
Illegitimate infant deaths per 1000 illegitimate live births	18.26	19.26	
Neonatal mortality rate (deaths under 4 weeks per 1000 total live births)	13.89	12.62	13.8
Early neonatal mortality rate (deaths under 1 week per 1000 total live births)	13.35	11.31	
Perinatal mortality rate (stillbirths and deaths under 1 week per 1000 total live and stillbirths)	28.41	26.57	
Maternal mortality (including abortion)—			
Number of deaths	1	—	
Rate per 1000 total live and stillbirths	0.53	0.13	0.25
Death rate per 1000 population (Recorded)	10.02	10.14	
Death rate per 1000 population (as ad- justed by comparability factor 1.04)	10.42		11.3
Death rate per 1000 population from:—			
(a) Diseases of the heart and circula- tory system	3.34	3.58	
(b) Cancer (all forms)	2.02	1.88	2.2
(c) Pneumonia, bronchitis and other diseases of the respiratory system..	1.36	1.24	
(d) Tuberculosis (all forms)	0.05	0.07	0.05
(e) Violence (including suicides) ..	0.59	0.50	

BIRTHS

Total registered live births:—

Male	..	..	..	2,351
Female	..	..	..	2,087
				<hr/>
				4,438
				<hr/>
(Illegitimate	..	..		352)

Of the 4,438 births registered 1,830 were Oxford residents and 42 births to Oxford residents occurred outside the City, making a total of 1,872 births allocated to the City. Of these 1,653 were legitimate (892 male, 761 female) and 219 were illegitimate (118 male, 101 female).

CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

(a) According to notifications

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Notified by domiciliary midwives	558	2	9	—
Notified by Nuffield Maternity Home	735	17	1829	41
Notified by Churchill Hospital	543	12	769	8
	1836	31	2607	49

(b) According to Place of Birth (registered births)

	Residents		Non-residents	
	Live births	Still-births	Live births	Still-births
Born in Nuffield Maternity Home	735	16	1836	41
Born in Churchill Hospital	547	10	757	10
Born in private houses	548	3	15	—
	1830	29	2608	51

BIRTHS AND DEATHS IN THE CITY, 1920—1964

Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
	Uncor- rected No.	Net				of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
		No.	Rate	No.	Rate			No.	Rate per 1000 Net Births	No.	Rate
2	3	4	5	6	7	8	9	10	11	12	13
59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
70,590											
*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
73,810											
*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
80,530											
81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45
107,100	2927	1557	14.55	1536	14.35	635	56	37	23.76	957	8.93
107,000	2861	1569	14.66	1573	14.70	499	35	32	20.40	1109	10.36
106,900	2748	1458	13.64	1584	14.82	637	33	34	23.32	980	9.17
105,500	2832	1412	13.38	1674	15.87	709	37	28	19.83	1002	9.50
104,500	3034	1421	13.60	1727	16.53	681	34	28	19.70	1080	10.33
104,400	3247	1477	13.60	1639	15.72	641	40	28	18.95	1038	9.96
104,230											
104,100	3170	1433	13.76	1753	16.84	735	39	30	20.93	1057	10.15
104,000	3438	1560	15.0	1847	17.38	777	47	31	19.87	1117	10.74
104,490	3583	1549	14.83	1747	16.72	737	43	25	16.14	1053	10.08
106,410	3828	1695	15.93	1781	16.74	760	44	30	17.70	1065	10.01
106,560	3966	1695	15.91	1893	17.76	788	57	28	16.52	1162	10.93
107,110	4283	1842	17.20	1971	18.40	897	59	27	14.66	1133	10.58
108,880	4438	1872	17.19	1899	17.44	869	61	34	18.16	1091	10.02

* Population birth rate.

City Extended 1st April, 1929.

† Population birth and death rates. City Extended 1st. April 1957.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1964

(Table of Registrar General)

CAUSES OF DEATH				All ages	Under 4 weeks	4 wks. under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	..	..	..	1091	26	8	7	4	13	10	25	74	170	256	498
1. Tuberculosis, respiratory	..	..	..	5	—	—	—	—	—	—	1	—	1	2	1
2. Tuberculosis, other	..	..	..	1	—	—	—	—	—	—	—	1	—	—	—
3. Syphilitic disease	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal infection	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles	..	..	..	—	—	—	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases				4	—	—	—	—	—	—	1	—	—	2	1
10. Malignant neoplasm, stomach	..			29	—	—	—	—	—	—	—	5	7	9	8
11. Malignant neoplasm, lung, bronchus				62	—	—	—	—	—	—	1	2	22	26	11
12. Malignant neoplasm, breast	..			21	—	—	—	—	—	—	4	3	3	6	5
13. Malignant neoplasm, uterus	..			5	—	—	—	—	—	—	—	2	2	1	—
14. Other malignant and lymphatic neoplasms	..	..	..	103	—	—	—	—	2	2	4	12	22	26	35
15. Leukaemia, aleukaemia	..	..		5	—	—	—	—	—	—	—	—	1	2	2
16. Diabetes	..	..	..	12	—	—	—	—	—	—	—	1	2	2	7
17. Vascular lesions of nervous system				140	—	—	—	—	—	—	1	6	13	40	80
18. Coronary disease, angina	..	..		220	—	—	—	—	—	—	4	17	36	67	96
19. Hypertension with heart disease	..			23	—	—	—	—	—	—	—	—	2	9	12
20. Other heart disease	..	..		71	—	—	—	—	1	—	—	2	3	11	54
21. Other circulatory disease	..	..		50	—	—	—	—	—	—	—	4	5	10	31
22. Influenza	..	..	..	2	—	—	—	—	—	—	—	—	—	1	1
23. Pneumonia	..	..	..	96	1	5	—	1	—	1	—	1	5	11	71
24. Bronchitis	..	..	..	44	—	—	2	—	—	—	—	4	17	8	13
25. Other diseases of respiratory system				8	—	—	—	—	—	—	—	—	2	5	1
26. Ulcer of stomach and duodenum	..			6	—	—	—	—	—	—	—	—	2	1	3
27. Gastritis, enteritis and diarrhoea	..			3	—	—	—	—	1	—	—	—	1	—	1
28. Nephritis and nephrosis	..	..		5	—	—	—	—	—	1	1	—	2	1	—
29. Hyperplasia of prostate	..	..		3	—	—	—	—	—	—	—	—	—	—	3
30. Pregnancy, childbirth, abortion	..			1	—	—	—	—	—	1	—	—	—	—	—
31. Congenital malformations	..	..		9	2	2	3	1	—	—	—	—	—	—	1
32. Other defined and ill-defined diseases				99	23	—	—	1	—	1	2	5	14	11	42
33. Motor vehicle accidents		..		8	—	—	1	—	5	—	—	—	—	—	2
34. All other accidents	..	..	..	35	—	1	1	1	1	1	1	4	4	4	17
35. Suicide	..	..		20	—	—	—	—	2	3	5	5	4	1	—
36. Homicide and operations of war	..			1	—	—	—	—	1	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.

CLASSIFICATION OF CAUSES OF DEATH

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1,091 deaths (1,133 in 1963) 529 were male and 562 female.

There were 5 deaths from tuberculosis of the respiratory system compared with 7 in 1963.

Deaths from cancer numbered 220 (all sites) compared with 204 in 1963. Deaths from cancer of the lung and bronchus numbered 62 (44 male and 18 female), an increase of 17 over the previous year.

One maternal death occurred in 1964, but there were no deaths from measles, poliomyelitis or whooping-cough.

RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD

	1964
United Oxford Hospitals Group	482
Oxford Regional Hospital Board Group	12
Nursing Homes	14
Old People's Homes (Local Health Authority)	45
Old People's Homes (Private)	26
	<hr/> *579

* = 30.49% of total deaths

RESIDENTS WHO DIED AWAY FROM OXFORD

	1964
Regional Hospital Board Groups	21
Institutions and Nursing Homes	18
Private Houses	16
Accidents, etc.	6
	<hr/> 61

NON-RESIDENTS WHO DIED IN OXFORD

	1964
United Oxford Hospitals Group	760
Oxford Regional Hospital Board Group	10
Other Institutions and Nursing Homes	12
Private Houses	21
Accidents, etc.	66
	<hr/> 869

DEATHS FROM TUBERCULOSIS
YEARS 1945—1964

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65	Total
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5
1952	—	—	1	4	6	—	11	—	1	—	1	1	1	4
1953	—	—	—	5	8	7	20	—	—	—	1	1	—	2
1954	—	—	—	3	—	4	7	—	—	—	1	—	—	1
1955	—	—	—	2	3	5	10	—	—	—	1	1	—	2
1956	—	—	—	1	2	2	5	—	—	—	—	—	—	—
1957	—	—	—	—	4	1	5	—	—	—	1	—	—	1
1958	—	—	—	—	2	4	6	—	—	—	—	—	—	—
1959	—	—	—	3	3	3	9	—	—	1	—	1	—	2
1960	—	—	—	3	1	3	7	—	—	—	1	—	1	2
1961	—	—	—	—	3	2	5	—	—	—	—	—	—	—
1962	—	—	—	—	—	3	3	—	—	—	1	—	—	1
1963	—	—	—	1	2	4	7	—	—	—	—	1	1	2
1964	—	—	—	1	1	3	5	—	—	—	—	1	—	1

The following table shows the deaths from cancer under various headings for the last twelve years:—

		1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964
Uterus		9	6	5	11	5	6	8	8	4	5	8	5
Stomach—													
Male	..	22	11	14	15	18	13	13	17	21	13	17	16
Female	..	8	15	15	17	2	9	7	16	12	15	18	13
Lung, bronchus—													
Male	..	29	33	28	31	38	35	43	40	44	53	37	44
Female	..	5	1	5	8	11	2	7	6	11	9	8	18
Breast	..	23	16	9	18	17	17	27	17	27	21	22	21
All other sites—													
Male	..	46	47	62	48	53	49	43	56	48	60	52	52
Female	..	49	43	56	49	46	45	54	48	47	48	42	51
Totals	..	191	172	194	197	190	176	202	208	214	224	204	220

Age and sex distribution of Cancer deaths

	All ages	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-
Male	112	—	—	—	—	1	1	1	8	31	39	31
Female	108	—	—	—	—	1	1	8	16	25	29	28
Total	220	—	—	—	—	2	2	9	24	56	68	59

Analysis of deaths from cancer according to the site of the disease:—

		MALE												FEMALE											
		Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-	Under 4 weeks	4 wks. & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-		
Stomach	..	—	—	—	—	—	—	—	2	4	6	4	—	—	—	—	—	—	—	3	3	3	4		
Lung, bronchus	..	—	—	—	—	—	—	1	1	20	16	6	—	—	—	—	—	—	—	1	2	10	5		
Breast	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	3	6	5		
Uterus	..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	1	—		
All other sites	..	—	—	—	—	1	1	—	5	7	17	21	—	—	—	—	1	1	4	7	15	9	14		
Total	..	—	—	—	—	1	1	1	8	31	39	31	—	—	—	—	1	1	8	16	25	29	28		

SECTION III

GENERAL HEALTH SERVICES

(a) HEALTH CENTRES

1. Blackbird Leys Health Centre

This has been the fourth complete year's working of this most successful Health Centre. The population of the estate has now exceeded that for which the Health Centre was originally planned, and an extension to the building will be undertaken during 1965.

Throughout the year, two general practitioners in partnership have practised wholly from the Health Centre and five other practices have held between them a total of twelve surgery sessions each week. Two practices each hold their own weekly antenatal clinic, and, of the four child welfare clinics held at the Centre each week, three are taken by general practitioners for their own practice patients.

The health visitors working from the Centre are now attached to individual practitioners in accordance with the scheme throughout the City. A district nurse continues to visit daily, and a weekly Family Planning Association Clinic is held. Arrangements are being made for a Child Guidance Clinic session to be held at the Centre as required and for a weekly visit from the Special Services Section of the Education Department, commencing at the beginning of next year. A social worker from the Children's Department attended twice a week and the Housing Department weekly. It will be seen that the Health Centre has extended its activities to include social workers.

All those working at the Health Centre are doing so as a team, local authority medical, nursing, social worker and clerical staff joining with general practitioners in providing a single comprehensive service.

2. Cowley Road Health Centre

The plan for building residential plus headquarters accommodation for the domiciliary midwifery and district nursing services, together with a Health Centre, on the Cowley Road Hospital frontage site, was finally agreed by the Ministry of Health, and building should start during 1965. The general practitioner part of the Health Centre has been designed to accommodate two separate partnerships along with attached local authority nursing staff. There is room for expansion if this should prove to be necessary in the future.

3. Central Health Centre

Over six years ago, seven practices with surgery premises in the central area of the City requested a central Health Centre and it was agreed that this should be provided along with a new Health Department building in the northern part of a redeveloped St. Ebbe's. Most unfortunately, no progress has been possible pending a final decision on the Central Area Development Plan. As so much time had passed, the opportunity was taken during the year to ascertain whether the practitioners concerned still wished to have this facility and it was found that this was so, the position being that seven practices were still interested. Attempts are now being made to find a building suitable for conversion, but it is almost impossible to make any progress in the present state of uncertainty concerning the whole of Central Oxford.

4. North Oxford Health Centre

Towards the end of the year, two partnerships indicated that they would like to practise jointly from a Health Centre in the North Oxford area. It is going to be difficult to find an existing building suitable for conversion or a convenient site on which to build, but every attempt is being made to do so.

There seems little doubt that there is a rapidly increasing interest in Health Centres. In 1948, sites were allocated for this purpose throughout the City but some of these have since been used for other purposes and it is now going to be difficult to find suitable alternatives. It is rather tragic that sites were available when there was no interest in Health Centres whereas now that practitioners are requesting such facilities sites are difficult to find.

5. Minchery Farm Estate General Practitioner Surgery Premises

These rather unique premises built as a branch surgery by the Housing Committee to serve the Minchery Farm Estate (population 2,000 approx.) have now been in use for seven years. They have continued to give satisfaction to the general practitioners using the premises as well as to the residents of the estate. The present position is that four general practitioners (from three partnerships) undertake between them five sessions per week. In addition, the Oxfordshire Probation Service use the premises on one evening per week.

6. General Practitioner Surgery Facilities at the Northway Clinic

The scheme by which general practitioners could hire the Northway Clinic for surgery purposes commenced in June, 1955. In recent years, the Clinic has been used most successfully by two practices for a total of four sessions a week.

(b) AMBULANCE SERVICE

1. Administration

There was no change in the establishment of the Headquarters staff.

The number of patients carried during the year again shows an increase, 77,675 as against 74,473 in 1963, with an increased mileage of approximately 20,000. The increase is entirely due to out-patient and day hospital attendances.

Table I shows the work carried out during the year, whilst Table 2 shows the number of patients carried and mileage covered since 1951.

2. Vehicles

Three new vehicles were received during the year. Normally these would be replacement vehicles, but in view of the demands made upon the service, sanction was given by the Finance Committee for the old vehicles to be retained for a period.

Two-tone horns, similar to the Police and Fire Brigade are now fitted to stretcher carrying ambulances.

3. Radio Control of Ambulances

The new F.M. (Frequency Modulation) equipment installed in 1962 has been working satisfactorily throughout the year.

The Radcliffe Infirmary Link (Landline to Radio) has continued in use during the year, and a total of 58 calls (direct and indirect) were made. These calls covered a number of different injuries and served a very useful purpose in giving the medical staff warning of casualties prior to admission. During the latter part of the year, following a meeting with Mr. J. C. Scott, Director of the Accident Service, it was agreed that the possibility should be explored of the link being extended on a semi-regional basis, bringing in the neighbouring counties. In order that this could be achieved it would be necessary to have a second channel for this particular service. In November the G.P.O. allocated the second channel required, and in due course surveys will be made in Berkshire and Wiltshire, the two authorities which have so far consented to join in the scheme, to ascertain the maximum range that can be obtained.

4. Emergency Calls

The number of emergency journeys were 2,836 as against 2,239 in 1963, 2,373 in 1962, and 3,156 in 1961.

The distribution within the City was as follows:—

	1964	1963
(a) Central (within the area Magdalen Bridge, Folly Bridge, the Station and St. Giles)	506	429
(b) North of St. Giles	319	262
(c) South of Folly Bridge	123	87
(d) West of Station	119	115
(e) East of Magdalen Bridge	1,769	1,346

These figures reveal that 62.37% of the calls were received from East of Magdalen Bridge.

5. Final Report of the Organisation and Methods Team

The Organisation and Methods Team commenced their assignment in October, 1962, and their final report was submitted to the Health Committee in July, 1964. After detailed consideration by the Health (General Purposes) Sub-Committee, the following scheme was approved by the Health Committee:—

A. Headquarters Administrative and Clerical Staff

The establishment to consist of Controller, Deputy Controller, Senior Clerk, Clerical Assistant and Clerk, which represents an increase of one Clerk.

B. Headquarters Operational Services

(a) The staff to comprise a Senior Control Room Officer, 6 Control Room Officers, 6 Leading Driver/Attendants, and 40 Driver/Attendants, which represents an increase of 6 Leading Driver/Attendants and 8 Driver/Attendants over the present establishment.

(b) *Vehicles.* The number of vehicles to be increased to 25, an increase of 4 over the present fleet. Ambulances and sitting-case vehicles to be replaced at 100,000 miles.

(c) *Financial Organisation.* The Ambulance Service to be regarded as an independent department, and not subject to detailed authorisation of expenditure or check by the respective Health Departments as heretofor.

(d) *Accommodation.* The City Estates Surveyor to be asked to advise on the rearrangement of the various rooms in the Administration Block, particularly the Control Room, where new equipment is to be installed.

C. Methods and Procedures

(a) The purchase of a dyeline photocopier.

(b) An electro-writer transmitter and receiver be rented, and a direct G.P.O. telephone line installed between the Radcliffe Infirmary and the Ambulance Headquarters.

(c) The appointed day to bring the recommendations into effect should be the 1st April, 1965.

6. General

The service has continued to run smoothly during the year. The demands made upon it with regard to the transport of patients to out-patient clinics and day hospitals, with particular reference to Cowley Road Hospital, stretched the service to capacity at times. It was in December that a critical situation arose in connection with Cowley Road Hospital, and emergency measures had to be taken by the allocation of extra staff and vehicles to cope with the increased demand.

It was necessary to increase the mileage charges to other local authorities from 1st April, 1964—ambulances 5/- (4/6*d.*), sitting-case vehicles 3/3*d.* (3/-).

The emergency oxygen service has continued throughout the year.

7. Civil Defence

The Ambulance and First Aid Section of the Civil Defence Corps has continued its training activities during the year, and has taken part in various exercises arranged by the Civil Defence Officer with other sections of the Corps.

Report by Dr. C. E. HALL,
M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G.,
Senior Medical Assistant Officer of Health

(c) DISTRICT NURSING

1. Administration of the Service

The additional use of the Central Home at 39/41 Banbury Road required consideration since the Superintendent Nursing Officer was not resident and many of the young nurses wished to make their own living arrangements. The increasing employment of married and part-time staff also made it essential to consider how the home could be more fully used. The domiciliary midwives accordingly took over part of the building in July. The two services have benefitted from having a shared home and warden which helps to foster a happy relationship and close contact between them. The non-resident staff are grateful for the opportunity of a midday meal if required.

The attachment of a district nurse to a general practice in May, 1963, proved eminently successful, being beneficial to patient, doctor and nurse alike. Closer liaison between doctor and nurse can improve the service for the patient. It increases professional interest in the patient and knowledge of his progress. In view of this success, an extension of this way of working was planned, the final aim of which was to attach all the district nurses to general practices. At the end of the year six full-time and two part-time nurses were attached to twelve practices.

TABLE 1

1964	AMBULANCES		SITTING-CASE VEHICLES		TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed	Mileage	No. of cases removed
January—March	5,149	28,277	13,496	49,389	18,645	77,666	46
April—June	5,331	28,683	14,520	52,839	19,851	81,522	55
July—September	5,384	30,768	14,444	52,160	19,828	82,928	56
October—December	5,181	27,274	14,170	51,405	19,351	78,679	44
	21,045	115,002	56,630	205,793	77,675	320,795	201

TABLE 2

Year	Patients		Mileage		Train Journeys	
1951	41,549	319,877½	217			
1952	44,494	317,268½	230			
1953	45,883	297,317	246			
1954	47,774	282,380	248			
1955	49,238	292,838	229			
1956	52,900	301,497	234			
			(rail strike in June)			
1957	53,955	293,362	202			
1958	57,769	275,918	193			
1959	56,893	269,923	197			
1960	62,868	281,553	186			
1961	70,928	311,303	160			
1962	70,598	302,852	176			
1963	74,473	300,613	188			
1964	77,675	320,795	201			

It was inevitable that this method of working would increase travelling for the nurses, but provision is made for their motorised transport. Four Corporation cars are available and car and moped allowances are made for those running their own cars or mopeds. Only two part-time nurses used bicycles for their rounds.

A district nurse has continued to attend regularly at the Geriatric Unit at Cowley Road Hospital. This contact with ward sisters and medico-social workers is valuable in ensuring a continuity of care after the patient is discharged.

2. Staff

On December 31st, 1964, the position was as follows:—

Administrative—

Superintendent Nursing Officer	..	1	(jointly with health visitors)
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Deputy Superintendent	1
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Senior District Nurses:

Queen's nurses	3
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District Nurses:

Queen's nurses, full time	7	} Equivalent to 16 full time nurses
Queen's nurses, part-time	..	..	5
State registered nurses, full time	..	..	3
State registered nurses, part-time	..	..	6
Bath orderly, full time	1

The attachment of district nurses to the general practices made it essential that more nurses were recruited. The district nursing service was well below its establishment in October. A recruitment drive was therefore made through advertisements in the general and nursing press and displayed in public places. This resulted in many enquiries and in eight part-time and three full-time appointments. Two of these were Queen's nurses and four others are at present training. The removal of the contract period makes it easier for young married nurses to train and although they may not give long service immediately they are well equipped to return to this branch of nursing when the demands of their families decrease. It has been possible to recruit married nurses by arranging duties to suit their domestic commitments. The nurses who have been out of the service for some time have found it valuable to be given the opportunity to refresh and revise their knowledge of the various nursing techniques. This is readily arranged in the nurses' training school at the district nurses' home.

The combination of duties of Superintendent Health Visitor and District Nurse under one Superintendent Nursing Officer Miss M. G. Atkinson has proved most successful and has served to bring closer together the two nursing disciplines to their mutual advantage.

3. Equipment.

The use of disposable equipment has continued to be of value in providing increased precaution against infection as well as economy of nursing time.

4. Cases nursed during the year

The following table shows the source of new patients during the year and include figures for the three previous years for comparison:—

	1961	1962	1963	1964
General practitioners	1,610	1,542	1,653	1,686
Hospitals	54	42	72	60
Direct application	70	65	67	39
Other sources	14	11	7	7
Totals	1,748	1,660	1,799	1,792

There was virtually no change in the number of new cases nursed during the year, 1,792 compared with 1,799 in 1963. The total number of visits paid show a reduction of 2,393. Referrals from general practitioners again increased, but there was a slight fall in the number of cases referred from hospitals.

Children under 5 years of age continued to provide very little work. Only 595 visits were paid to 138 patients in this category, compared with 758 visits and 136 patients in 1963.

There was a decrease in the number of visits paid to tuberculous patients; 2,746 compared with 3,634 in 1963.

Visits to patients over 65 years of age accounted for 27,020 out of a total of 43,067—i.e. 63% compared with 65% in 1963.

Although the number of patients requiring more than 24 visits during the year decreased by 12 (from 387 in 1963 to 375 in 1964) the total number of visits required by these patients rose by 382 (from 24,972 to 25,354).

5. Types of treatment given

The following table shows the treatments given during the past four years:—

	1961	1962	1963	1964
Injections				
(1) Insulin	5,953	6,290	4,948	3,581
(2) Streptomycin	3,725	3,681	4,058	3,297
(3) Penicillin	5,504	5,302	5,355	4,793
(4) Any other injections ..	6,409	6,911	8,212	9,242
Baths	5,513	5,198	5,768	4,612
Dressings	7,719	6,926	7,082	6,534
Enemas and bowel washouts .. }	1,156	830	661	485
Genito-urinary treatments .. }		435	344	473
General nursing care	11,988	10,113	10,708	12,371
Any other treatments	1,437	697	291	205
Totals	49,404	46,383	47,427	45,593

Classification of patients nursed during year

	Number of cases attended				Number of visits		
	Under 5 years	5—64 years	Over 65 years	Total cases	Under 5 years	5—64 years	Over 65 years
Medical	118	691	915	1,724	546	9,659	23,559
Surgical	19	213	123	355	44	2,973	3,297
Infectious diseases ..	—	1	—	1	—	8	—
Tuberculosis	—	47	7	54	—	2,591	155
Maternal complications ..	—	27	—	27	—	211	—
Others	1	1	1	3	5	10	9
	138	980	1,046	2,164	595	15,452	27,020
							43,067

Patients (included in the above table) who have received more than 24 visits during the year:—

<i>Patients</i>	<i>Visits</i>
375	25,354

Also included in the above table were 247 visits paid in the late evening, 233 of which were for giving sedatives and 14 for other purposes.

During the year 1,142 visits were made by patients to the central and branch homes for a variety of treatments.

There was a decrease in the total number of treatments given in 1964 compared with the three previous years. The administration of injections accounted for a large proportion(46%) of these. The policy of encouraging the self-administration of insulin by patients whenever this is practicable has resulted in a further reduction in the number of insulin injections given by nurses.

6. Training School

Two courses of training for the Queen’s Roll were held during the year. The examination was taken by 10 students all of whom passed at the first attempt.

The students were classified as follows:—

Staff students	3
*Students sent by other Local Health Authorities	7
	—
	10
	==

* Students came from Oxfordshire and Buckinghamshire.

7. Loan of nursing equipment: co-operation with the British Red Cross Society

We are once again indebted to the British Red Cross Society for their ready co-operation in supplying nursing equipment to patients.

In the financial year 1964/65 the City Council paid the Society a grant of £300.

Details of the equipment loaned in the City during 1964 are as follows:—

Air beds	4	Fracture boards	15
Air rings	96	Hospital beds	9
Bed blocks	18	Infra red lamps	3
Bed cradles	54	Mackintosh sheets	138
Bed hoist	10	Pillow wedges	2
Bed pans	226	Sandbags	10
Bed pans (rubber)	9	Sanitary chairs	2
Bed rests	114	Scales	2
Bed rests (padded)	8	Sorbo rings	23
Bed tables	19	Urinals	60
Carrying chairs	3	Walking aids	19
Commodes (chair)	119	Walking sticks	13
Commodes (stool)	88	Wheelchairs	150
Crutches	26		—
Electric bells	3		1,259
Feeding cups	16		==

(d) HOME HELP SERVICE

1. Cases helped

(a) Classification of cases helped in the last five years:—

Cases	1960	1961	1962		1963	1964
Home confinements ..	70	59	68	Maternity	102	118
Other maternity cases	30	52	44			
Acute illness	215	152	160	Acute illness ..	88	59
Chronic sick	114	176	148	Chronic sick ..	60	67
Tuberculosis	9	8	2	Mentally disordered	1	5
Aged (over 75 years) ..	204	256	324	Other	8	56
				All patients over 65 years	498	585
Totals ..	642	703	746		757	890

These figures show some decrease in the cases of acute and chronic sick under 65 with an expected increase in those over 65.

(b) Patients receiving continuous help throughout the year during the past five years:—

1960	290
1961	258
1962	292
1963	318
1964	385

The largest proportion of help goes to the aged or chronic sick patient, most of whom receive from 2 to 8 hours help a week on a permanent basis.

(c) Continuous daily help throughout the year was provided for 11 cases as compared with 9 last year and 7 in 1962.

2. Finance

Classification for payment during the last three years has been as follows:—

	1962	1963	1964
Full payment	177	158	238
Assessed for part payment	204	228	255
Free	365	371	397
Total cases helped	746	757	890

At the end of the year 2 cases carried forward from the previous years were receiving help at a reduced rate by Committee decision. One other case was granted free assistance for three months.

3. Staff

The following table shows the home help staff employed at the end of each of the last five years:—

Establishment: equivalent of 57 full time, of which up to 12 may be employed full time					
	1960	1961	1962	1963	1964
Full time—42 hours	6	5	6	5	7
Part-time—27, 24, and 20 hours..	48	64	61	67	76
Part-time—less than 20 hours ..	14	11	24	32	37
Totals	68	80	91	104	120
Equivalent to full time			44	48	49

It has again proved impossible to recruit a full establishment of home helps. It is encouraging, however, to note an increase in the number of staff employed, and particularly an increase in the full-time staff.

The selection and engagement of staff comprises a large part of the Organiser's work throughout the year. In this selection she must be guided, in the main, by her own judgement since it is often some years since the applicant had previous employment. It would be difficult, therefore, to employ her on the basis of past experience. Errors in selection, however, are infrequent. The main causes of wastage are family commitments and ill health. The following table shows the change of staff which has occurred in the year and the volume of recruitment which this change entails:—

On Register 1st Jan. 1964	No. of Resignations	Applicants Interviewed	Applicants Recruited	On Register 31st Dec. 1964
Full time 5	} 77	} 155	2	7
Part-time 99			91	113

Maternity Service

A scheme was approved in September whereby selected helpers were engaged as occasional workers solely for maternity cases. Special rates of payment for these workers were approved. The response to recruitment was excellent. There are now eight home helps available to be called upon at a day's notice for the maternity patients. This scheme has proved most successful in preventing the disruption of the routine programme by the advent of urgent maternity work.

Training of home helps

A training programme for home helps has been planned and will commence in February, 1965. This will consist of a series of talks and demonstrations on various aspects of the work of the home help and the contribution which she makes to the care of people in their own homes. These talks will also provide opportunities for the home helps to meet together and discuss their mutual experiences and difficulties.

(e) RECUPERATIVE HOLIDAYS

During the year recuperative holidays were arranged for 26 persons (18 in 1963), 2 of whom were over 65 years of age.

As in previous years the majority of cases were women, where there was no other prospect of obtaining relief from housework after a period of ill-health.

The sources of recommendation for holidays were as follows:—

(a) General practitioners	25
(b) Hospitals	1

Applicants were assessed for payment as follows:—

Persons making payment in full	1
Persons making part payment	5
Persons making no payment	20

The cost to the Council was £184 2s. 6d. plus travelling expenses for 20 persons.

Applicants were received at the following Homes:—

	<i>Male</i>	<i>Female</i>	<i>Children</i>
Atholl House, Dulwich	—	1	—
Bell Memorial Home, Lancing	—	9	—
Champney House, Tunbridge Wells	1	—	—
Church Army Home, Bexhill-on-Sea	—	3	8
St. John's Convalescent Home, Weston Favell	1	3	—
	—	—	—
	2	16	8
	==	==	==

(f) CERVICAL CYTOLOGY

A pre-cancerous condition of the uterine cervix (neck of the womb) can now be diagnosed by a relatively simple screening test in which a smear is taken from the cervix, to be examined by the cytologist. If the screening test is positive, the patient is referred to a gynaecologist for further diagnostic tests, after which a decision as to treatment is made. Progression to the malignant state can thereby be prevented.

Routine cervical cytology has been performed for some years now, on all patients attending the gynaecology and post-natal clinics of the Oxford hospitals. Since the advent of the oral contraceptive, all patients who have had children and who attend the Family Planning Clinics in Oxford have been similarly investigated. The Cytology Laboratory at the Churchill Hospital in October expressed its willingness to co-operate in a more comprehensive scheme.

All women over the age of 20 years should, ideally, have this screening test, which must be repeated every five years. Those who are most at risk of developing cancer of the cervix are women who have borne children and who are over the age of 30 years—particularly those in the lower socio-economic groups. In Oxford the estimated number of women over the age of 20 is 35,700. A comprehensive scheme for screening these women regularly could save annually, on present figures, an average of three Oxford women under 65 years from death from cancer of the cervix. A further nine women could be saved each year on average from invasive cancer requiring major surgery and involving considerable suffering. Such a scheme requires the co-operation of the hospital, general practitioner and local health authority services.

The Local Medical Committee set up, in October, a Sub-Committee with the Medical Officer of Health as convener to consider how a scheme might be devised. Its recommendation, approved by the Local Medical Committee, was that the Local Health Authorities should be asked to organise and to provide help in a comprehensive scheme of cervical cytology in the Oxford region—such a scheme being a valuable preventive medical service. A recommendation was therefore presented to the Health Committee that the Health Department should be authorised to sponsor and participate in a scheme for cervical cytology. This could be achieved both by establishing clinics specifically for this purpose and by providing ancillary nursing and clerical staff to help the general practitioners in the taking of smears, either in their own surgery premises or, if more convenient, in local authority clinics. The local health authority could also help to encourage the population at risk to avail themselves of the opportunities provided for this examination. With the approval by Council of these recommendations on March 15th, 1965, such a scheme was set into operation.

(g) INCONTINENCE PADS

Incontinence pads have been available through the district nursing service for the past eight years, but until August 1963, very few were used. Since this time, increasing numbers of them have been supplied and in 1964, 2,000 pads were distributed to patients through the district nursing service. A small stock of these pads is maintained for distribution to patients who are not attended by the district nursing service. During the

year, three patients have been helped in this way. Incontinence pads are also provided in the old people's homes by the Welfare Section of the Health Department. In 1964, 1,000 pads were supplied to the residents.

In the old people's homes, the pads are placed in disposable bags and burnt in an incinerator. The pads used in the home nursing service or distributed independently of it are disposed of by the patients or those caring for them. They are advised to wrap the pads firmly in newspaper and to burn them or place them in the dustbin. Disposable bags are not provided for this purpose.

Circular 14/63 from the Ministry of Health, commending the provision by local health authorities of incontinence pads, described the benefits which might be expected from this provision. The increased convenience and time-saving for the district nurses is very slight, but there is some reduction in the work involved in changing the bed-linen. The pads have been of great value to the patients and those caring for them in ensuring less discomfort and less soiled linen. This benefit is less obvious in the old people's homes where, with adequate staff, the patients can be taken frequently to the lavatory. The incontinence pads reduce the laundering of soiled bed-linen, but with the provision of an incontinence laundry service this benefit is of less importance. It was also suggested in the Ministry Circular that provision of incontinence pads might make it possible to nurse at home some patients who would otherwise have to be admitted to hospital. This has not been borne out in practice as it has not been customary to request admission to hospital solely on the grounds of incontinence.

(h) HEALTH EDUCATION

Smoking and health

The controversy over cigarettes and the measures that should be taken to persuade the public to stop smoking them is becoming the subject of a rather emotional debate. For example, the Government's decision to ban cigarette advertising on television has raised cries of indignation in some quarters protesting that this is the thin edge of the wedge, an infringement of liberty, and a restriction on the individual's freedom of choice. However this may be, there is no doubt that cigarettes are of no benefit to anyone who smokes them and merely constitute a socially acceptable form of addiction. However much the protagonists of smoking may protest, there is clear evidence of the association between cigarette smoking and lung cancer and also with a no less damaging, but rather less dramatic disease, chronic bronchitis. Furthermore, certain kinds of heart disease and stomach ulcers are associated with cigarettes; while for the sake of her child, pregnant women should not smoke them. We must continue, therefore, to make the public aware of the facts of the case and

so present them that eventually cigarette smoking will no longer be socially acceptable. This will take time and we must be prepared for a long term campaign.

During the past year we have maintained our efforts by displaying posters at all the clinics and in schools. Leaflets and booklets have been distributed at the school medical examinations and to the public. Films and filmstrips on the subject have been shown and in this connection the film "Smoking and You" purchased by the Visual Aids Library, has proved most useful. Talks have been given by Health Department doctors and health visitors to school children, parents' groups, expectant mothers, youth groups, etc., while in addition, the Health Department staff are continually giving advice during their day to day contact with the public.

Parentcraft Classes

The Parentcraft Classes conducted by members of the Health Department are a very useful and worthwhile method of health education. The expectant mothers are in an eager and receptive frame of mind so that they are anxious to learn as much as possible about the development, birth, and subsequent care of their children. We try to make the most of this opportunity by making the classes interesting with films, talks, discussions, etc., and at the same time make a modest social occasion out of the class with the expectant mothers, and sometimes fathers too, able to meet other prospective parents and discuss points of interest with the help of light refreshments.

We did not hold the class at 60 St. Aldate's during 1964 as there are very few mothers in that district having their first babies owing to the process of redevelopment in the surrounding area.

			Number Registered		Total Attendances	
			1964	1963	1964	1963
Donnington	..	..	56	67	244	280
Summertown	..	..	17	14	72	56
Bury Knowle	..	..	44	50	228	206
			<u>117</u>	<u>131</u>	<u>544</u>	<u>542</u>

The classes conducted by two partnerships of general practitioners at Donnington Clinic continued during 1964. In addition to the family doctors concerned practice health visitors and midwives were also present. All the facilities which are used at our own clinics such as films and projector, etc., were made available and the classes proved very successful. Three courses of six sessions each were held and there were 326 attendances by mothers and fathers (285 in 1963).

General Health Education

A considerable proportion of the population still do not appreciate the importance of taking elementary precautions for the sake of their physical and mental well-being. Feet are deformed by wearing the wrong kind of shoes; teeth decay by eating the wrong kind of food; general health suffers because of an unsuitable diet; accidents occur through thoughtlessness. While it is true that we are healthy in order to live and not live in order to be healthy, nevertheless, often by taking thought and with the aid of some helpful instruction much unnecessary ill health and suffering can be avoided, so enabling us to enjoy life more instead of enduring the harmful results of mistakes. This is the aim of our efforts in the field of health education and various methods are employed to achieve this objective.

At the clinics different subjects are highlighted at appropriate intervals. For example, during the summer months the need for cleanliness and hygiene in the preparation of food was emphasized; while with the approach of winter accidents in the home, prevention of burns and advice on the use of non-inflammable material for dresses were stressed. At other times topics such as vaccination and immunisation, care of the teeth, falls, prevention of drowning, etc., came into prominence. Leaflets and posters were made available and we are grateful to the Ministry of Health, the Royal Society for the Prevention of Accidents and the Central Council for Health Education, for the high standard of their publicity material. Films were shown to groups such as St. John Ambulance Brigade Cadets, Mothers' Groups, Schools, and in all 55 film shows were put on during the year.

Senior members of the Health Department took part in the instruction of medical students, student health visitors and district nurses, pupil midwives, student nurses and nursery nurses. The opportunity is taken on these occasions to stress the importance of health education and indicate the ways in which it can best be undertaken.

For the third year in succession a campaign was held during the weeks prior to 5th November to make people aware of the possible dangers through fireworks. A large number of posters were displayed in clinics, libraries, schools, factories, and by the police; also slides were again displayed in cinemas during the weeks before 5th November. While it is difficult to obtain complete figures for firework accidents in the City, there is evidence that the number of casualties has declined in recent years and we hope that these campaigns as well as the considerable national publicity given to the problem may have had some effect.

Education on the subject of venereal diseases always poses a difficult problem. In addition to the measures being undertaken by education in schools we have distributed material on the subject such as the British Medical Association's booklet "V.D. . . . The Facts", and also sent copies

of the Ministry of Health pamphlet on "Venereal Diseases in Women" to the Moral Welfare Worker, Social Workers, Children's Department, Mental Welfare Officers, Health Visitors, etc., so that workers who may have the opportunity of advising persons who have been exposed to infection will be fully aware of the problem and be able to give the best possible advice. In addition, posters overprinted with the place and time of local Venereal Disease Clinics have been exhibited in public conveniences.

During 1963 it was found that students, particularly those from overseas, were helped by a Ministry of Health leaflet giving information on the National Health Services and also by the Council of Social Services' Handbook "The Social Services in the City of Oxford". Accordingly at the beginning of the present academic year we again distributed copies of these two publications to colleges and associations for overseas students. Once again they appear to have been well received and of considerable value.

(i) NURSING HOMES

The Register

At 31st December, 1964, the Homes on the register were as follows:

<i>Home</i>	<i>Number of beds</i>	<i>General Purpose</i>	<i>Year of Registration</i>
Acland, 23/25 Banbury Road	30	Acute medical and surgical	1949. Re-registered in November, 1962, under the management of the Nuffield Nursing Homes Trust.
St. John's, St. Mary's Road	65	Elderly, frail and chronic sick women	1950
St. Luke's, Linton Road	33	Patients for convalescence and rehabilitation. Period of stay normally not more than 8 weeks. There is a contractual arrangement with the Regional Hospital Board.	1957

The Acland Home reopened in October after extensive remodelling in which kitchen fittings had been replaced and the recommendations of the City Fire Prevention Officer had been implemented. There is a nursing suite of 15 single rooms on each floor, and a modern surgical theatre and X-ray suite.

St. John's Home. The registered number of beds has been reduced by 3, because 3 bedrooms were converted into a lounge. Most of the home now has central heating.

St. Luke's Home. Although the objects of this Home are rehabilitation and the care of convalescent patients, it is sometimes difficult to refuse an occasional patient who requires "heavy" nursing, or to recognise in advance a patient who will require terminal care rather than convalescence. The Conduct of Nursing Homes Regulations, 1963, requires "for each patient efficient nursing care" and leaves the interpretation to each Local Authority, in the light of local conditions. In this case it was advised that the Home should be under the 24 hour care of a State Registered Nurse, who should be resident or within easy walking distance and in communication by telephone.

Hurd's House. This Home is under the management of the National Corporation for the Care of Old People, and admits patients only from Cowley Road Hospital. Some of the fitter residents are accepted as the financial responsibility of the various local authority welfare departments, pending admission to Part III accommodation. Application for registration as a Nursing Home was made in the summer. Inspection showed some deficiencies in relation to staffing, design of showers, and kitchen equipment. Following protracted negotiations involving the medical staff of Cowley Road Hospital, the local management committee of the Home, and the Committee of the National Corporation for the Care of Old People, satisfactory agreement has been reached on all major matters, and registration should soon be complete.

(j) THE DOMICILIARY OCCUPATIONAL THERAPY SERVICE

There were several changes of staff in 1964, but fortunately vacancies were filled as soon as they arose. Both Miss Burns and Miss Williamson, who had been with the service since January and September, 1962, respectively, resigned to get married. We wish them every happiness. Miss Spencer worked in the service from March until August, when she left to do work with the refugees in Hong Kong, and was succeeded by Miss Hipwell. In October Mrs. Brockett followed Miss Burton, who had been locum tenens for the previous four months.

The number of patients on the list at the 31st December, 1964, was 160 as compared with 134 in December, 1963. During the year 75 new patients had been referred to the service and 49 names withdrawn from the register.

Work at the City Old People's Homes has been handed over to a Craft Instructress appointed in September. For the first three months she worked together with the Occupational Therapists who used to make these visits. Requests for assistance were received on behalf of the Mother and Baby Hostel and St. John's Home, but help could only have been given by curtailing more urgent and effective work elsewhere.

Sales of products of the Service through the Blind and Handicapped Shop amounted to £1,398, which included a sum of £283 for over 200 special orders. Once again this was a record figure, exceeding the sales for 1963—£1,250—by 12%. Sales of patients' craft work were very successful at the Oxfordshire Agricultural Show, where the Service helped with the stand of the Handicapped Workshop.

A less spectacular but satisfying part of the work was the supply of aids and advice on daily living. 37 new patients were assisted as follows:—

Bath seats and other aids to bathing	..	..	10
Raised toilet seats	..	..	5
Adaptations to furniture	..	..	15
Small gadgets	..	..	15
Advice only	..	..	4

Some requests of this type were followed by craft work instruction.

The Patients' Christmas Party was attended by 30 people. It was held at one of the Old People's Homes, with generous assistance from Matron and her staff, and the willing help of nine voluntary drivers.

Once again St. Andrew's Hall in Headington was a very convenient place for the Annual Craft Competition, Exhibition and Garden Party. 300 disabled persons and their friends or relatives, from both City and County, were present. The exhibition included a range of clothes specially designed at the Nuffield Orthopaedic Centre Occupational Therapy Department for various disabilities, and Marks and Spencers Limited sent a selection of garments suitable with little or no adaptation for handicapped persons.

(k) CHIROPODY

The Council's scheme provides treatment for the elderly or physically handicapped. Many of these are able to attend clinics at the Old People's Clubs under the auspices of the Oxford Council of Social Service. There the Local Authority has accepted responsibility for finance and medical supervision, on condition that non-members of the Clubs are not excluded. An eleventh centre was opened during the year on the Blackbird Leys Estate. Those unable to walk to the nearest club are offered transport to a special clinic at either Marston Court or Shotover View Old People's Home. Domiciliary visits are made to a few housebound persons. There is a nominal charge of 2/6 per treatment, wherever this is carried out. Many very old persons live in the City's Old People's Homes (428 beds) and receive free chiropody from the Local Authority.

Summary of work undertaken compared with previous year

<i>Place of treatment</i>	<i>12 months to 31st Dec. 1963</i>			<i>12 months to 31st Dec. 1964</i>		
	<i>Patients</i>	<i>Treat-ments</i>	<i>Sessions</i>	<i>Patients</i>	<i>Treat-ments</i>	<i>Sessions</i>
Old People's Clubs ..	358	1,247	208	371	1,538	254
Marston Court and Shotover View (Transport Sessions)	79	247	46	88	299	48
Patients' own home ..	28	95	19*	37	105	19*
Old People's Homes ..	305	1,390	203	353	1,719	252
Totals	770	2,979	476	849	3,661	573

*A nominal figure based on 5 domiciliary treatments per 3 hour "Session".

These figures show a substantial increase in work under all headings, related to greater acceptance of the service by old people, and in particular to very great use of the service by the residents of Old People's Homes. The foot health of these frail old people needs to be carefully supervised, and the figure of 4.9 treatments yearly per resident in Old People's Homes is satisfactory. For patients in general the average number of treatments has increased from 3.9 to 4.3.

There is still a local shortage of chiropodists, but we welcome Mrs. A. L. Medinger, M.Ch.S., as a part-time direct employee of the Local Authority. As a result, the need for a second transport session centre set out in last year's Annual Report has now been met.

Registration of Chiropodists is almost complete under the Professions Supplementary to Medicine Act; Chiropodists whose names are not on the State Register can still be indirectly employed by a voluntary agency acting for the Local Authority, provided that the Medical Officer of Health approves their qualifications and experience.

***Number of part-time Chiropodists in different branches of Oxford City Service**

<i>Service</i>	<i>Type of Employment</i>	<i>State Registered</i>	<i>Registration not applied for</i>	<i>Registration refused</i>
Old People's Clubs	<i>Indirect</i> National Health Service Act, 1946. Agency : Oxford Council of Social Service.	4	1	1
Transport Session	<i>Direct</i> National Health Service Act, 1946	2		
Domiciliary Cases	<i>Direct</i> National Health Service Act, 1946	4		
Old People's Homes, Residents	<i>Direct</i> National Assistance Act, 1948	2		

* In all, 8 chiropodists are employed, but some appear under more than one heading in the above table.

(I) OXFORD AID-IN-SICKNESS CHARITIES, INCLUDING THE MOBILE PHYSIOTHERAPY SERVICE

The Medical Officer of Health is represented on the Committee of the Charity, which provides aid under three main headings.

1. Domiciliary Physiotherapy Service.

One full-time and one part-time Physiotherapist give home treatment to patients who are unable by reason of health to make regular visits to hospital, and whose means do not allow them to engage a private therapist. Introduction is through the family doctor by application form to the Senior Physiotherapist (Miss Margaret Gray, Domiciliary Physiotherapy Service, c/o Department of Physical Medicine, The Radcliffe Infirmary), who can also be reached by telephone in urgent cases. The patient is asked to make a voluntary contribution towards the cost of treatment, unless this is met by the National Health Service for patients referred by hospitals, or by the British United Hospitals Provident Association for patients covered by this scheme.

An important aim of the work is the early treatment of acute conditions such as non-tuberculous chest infections, "stroke" illness, and low back strain, so that patients can return quickly to their normal employment, and residual disability is prevented as far as possible.

A summary of the work done compared with the previous year is as follows:—

	1963	1964
Total treatments ..	1513 (247 free)	2006 (221 free)
Total patients	333 (64 free)	480 (54 free)

In April Mrs. Abbs (part-time physiotherapist) retired for domestic reasons, and Mrs. Head was appointed in her place.

2. The Lying-in Charity

Three grants were made during the year in the form of food, fuel and baby napkins. Urgent applications via the Non-Medical Supervisor of Midwives are approved by the Medical Officer of Health, who then informs the Charity. In one instance the wife of a couple who had recently arrived in Oxford brought her new-born baby home from hospital to a basement room on Christmas Eve. The rent was high and the husband unemployed. An immediate grant was made to cover electric heating over the weekend.

3. Other Charitable grants from the general fund

These were made to six families. Such grants are appropriate and extremely useful where, owing to urgency, the embarrassing nature of the illness, or other personal factors, relief by statutory bodies is slow or uncertain.

When the emergency has been dealt with, a reasoned application can be made to the statutory body. In all cases this has resulted in favourable decisions, and these in turn are precedents for immediate future action by the statutory body, so that the funds of the charity are reserved for other novel situations. A summary of this year's cases follows:—

<i>Situation</i>	<i>Service</i>	<i>Notes</i>	<i>Financial responsibility eventually accepted by</i>
Elderly sick couple unwilling to leave home	Day attendance	Co-operation of couple obtained and action under Section 47 of National Assistance Act 1948 avoided	
Family removing to more suitable home for severely handicapped wife; husband's earnings small	Grant towards removal expenses		
Severely handicapped elderly man; wife elderly	Day attendance	Hospital request	National Assistance Board
Chronic sick person (bowel complaint)	Grant towards toilet requirements	National Assistance Board could not meet all needs	Local authority National Health Service Act '46, Section 28
Severely handicapped person with elderly wife (2 grants)	Male orderly attendance	Hospital request	Local authority National Health Service Act '46 Section 28.
Severely handicapped elderly person in young household. Domestic tension requiring urgent relief; hospital bed not available	Grant towards short period in nursing home	General practitioner's request	

(m) HOUSING ALLOCATION ON MEDICAL GROUNDS

Since April, 1963, the Housing (Special Allocations) Sub-Committee has sat monthly to consider the new category of "cases where special considerations arise" due to:—

- (a) An emergency arising out of family circumstances including financial hardship.
- (b) Health of applicant, or of his family.

Up to 25 permanent dwellings and as many of the available temporary dwellings as may be necessary can be allocated each year in this way. The decision in health cases is taken after a report of the Medical Officer of Health.

In addition, some elderly folk are offered supervised flatlets at Headley House, (Headley Estate), Beveridge House, (Wood Farm Estate), and Windale House (Blackbird Leys Estate). Each "House" provides independent accommodation for 40 persons, who can get emergency assistance and day to day advice from a resident warden.

During the present year, the Housing Committee also considered the situation of the occasional very handicapped younger person living alone. This type of application can be brought before the Special Allocations Sub-Committee when the applicant has reached the age of 55 years, but the general arrangement that housing is not offered to single persons under the age of 60 years will usually apply. Up to 5 of the 25 permanent dwellings may be used for these "young chronic sick".

All "special allocations" are made without reference to the points situation of the applicant. In the general scheme, points are still awarded to families which contain persons on the Blind or Partially Sighted Registers, or cases of open tuberculosis recommended by the Consultant Chest Physician.

In fairness to all the many applicants on the Housing Register, conditions for recommending medical priority must be stringent. The aim of assessment is to give low, intermediate, or high priority to families where present accommodation in relation to ill-health or physical handicap results in severe hardship, danger to health, or risk to life. However, the assessment is influenced by social considerations; for example, is the family under consideration better able than another, for financial or other reasons, to find alternative accommodation? Where the applicant owns a good but unsuitable house, sale to the Council as a condition for rehousing saves a dwelling for other applicants. Increasing recourse to improvement grants will, it is hoped, enable some people suffering from ill-health or disablement to continue living in the same accommodation after removal of sanitary defects. In particular, an indoor ground-floor toilet is a great advantage to a wide range of handicapped persons. Quite often the applicant is a very old person whose main capital is the large, inconvenient house in which he lives. This problem may arise less frequently if it becomes customary for a somewhat younger generation to sell their unnecessarily large unsuitable dwellings and apply for accommodation provided by a Housing Association, such as the Oxford Cottage Improvement Society.

In a few cases the attitude of the family towards its health problem makes rehousing a doubtful remedy, and in these circumstances when children are involved, it is useful to bring the application to the notice of the Co-ordinating Committee.

The City Estates Surveyor sends a copy of the medical recommendations received to the Medical Officer of Health. An assessment form is then completed by the appropriate health visitor, following a home visit and after discussion with her general practitioner under the attachment scheme. The form is scrutinized by the Senior Assistant Medical Officer

of Health, who obtains further information from such sources as the Public Health Inspectors, Mental Health, and Welfare Sections of the Health Department and the Children's Department; exceptionally he makes a home visit, before making his assessment. The Medical Officers of Health of neighbouring local authorities, have kindly co-operated by arranging for home visits by health visitors to residences outside the City.

During the year 139 new applications were reported upon, 24 of them from outside of the City.

Requests for transfer from one council dwelling to another	5
Application withdrawn, or applicant rehoused without recourse to special allocation of dwellings (e.g. as a result of a closing order)	5
Not recommended for rehousing	47
Recommended for rehousing, on low priority	45
Recommended for rehousing, on intermediate priority	33
Recommended for rehousing, on high priority	4
	— 82
	139

Those recommended for rehousing on medical grounds comprised 52 over retirement age (65 for men, 60 for women), 25 under retirement age, and 5 children. They can be classified by illness or handicap as follows:—

Diseases of heart and lungs	35
Diseases of locomotor system including myopathies	15
Mental illness	11
Other visceral disease	13
Diseases of central nervous system, including cerebral vascular accidents	8
	— 82

While the "low priority" classification does not usually result in immediate rehousing, it gives Committee notice of cases where priority will become higher if circumstances change, or allows an opportunity for alternative action, for example by purchase of the applicant's house as a condition of rehousing. Some relatively fit old persons whose priority is low are rehoused in supervised accommodation, so that the warden does not have to supervise a group of old people who are all severely handicapped.

In the housing year, which ends on April 1st, not December 31st, the Special Allocation Sub-Committee of the Housing Committee had reached the following decisions:—

Allocated permanent dwellings	..	..	..	..	..	22
Allocated temporary dwellings	..	..	..	..	..	13
Allocated old people's flatlets (i.e. supervised accommodation)	..					15
						—
						50
						==

SECTION IV

INFECTIOUS DISEASES

Report by Dr. H. H. JOHN,
M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G.,
Deputy Medical Officer of Health

(a) EPIDEMIOLOGY

Streptococcal Infections

Few cases of scarlet fever (23) and erysipelas (7) were notified during the year. A lower incidence has only been recorded on one occasion in the last 20 years. This was in 1956 when 24 cases of scarlet fever and 1 case of erysipelas were reported. Scarlet fever was restricted to children under the age of 10 years, whereas the cases of erysipelas were all aged 35 years or more. Approximately half of the cases of scarlet fever occurred in the Cowley and Iffley Ward, but otherwise the streptococcal infections were fairly evenly distributed throughout the City.

Whooping Cough

Whooping cough occurred sporadically throughout the year and 87 cases were notified. Children under the age of 5 years were mainly affected and accounted for 68% of cases. All City Wards were involved, although more than two-thirds of the cases arose in the Headington and Marston, Cowley and Iffley areas.

Seventeen of the affected City children were admitted to the Slade Hospital. Their age distribution was as follows:—

Under 6 months	..	..	6
6—11 months	..	..	2
1—4 years	..	..	6
5—9 years	..	..	3
			—
			17
			==

Only two of the 17 children had been vaccinated against whooping cough, and they both had complicating streptococcal infections. In these 2 cases the last injections were given in 1958 and 1959 respectively.

Poliomyelitis

No cases of poliomyelitis were notified. Only one case has occurred in the City in the last six years, and that was in 1961.

Measles

1964 was a non-epidemic year for measles, and 280 cases were notified. Only sporadic cases occurred in the first part of the year and 63% were reported in November and December. The majority (80%) of cases were resident in the Cowley and Iffley areas. Spread to the rest of the City is likely in 1965 and these cases may be regarded as the vanguard of a moderate epidemic which should conform to the usual cyclical pattern. It is noted that 97% of the cases were less than 10 years of age, and maximal incidence was in the age group 1—5 years.

Diphtheria

No cases of diphtheria were reported for the fifteenth year in succession.

Dysentery

(a) Bacillary Dysentery.

Seventy-seven cases of dysentery due to *Shigella sonnei* were notified during the year. Of these, 61% occurred in the first quarter and the remainder in the second and third quarters. Pre-school children accounted for 42%, and children of school age for a further 25% of cases. There was a small outbreak at each of the two Local Authority Day Nurseries but these were soon brought under control. The organism was isolated from 19 cases at the one Nursery, and 4 at the other. In addition, follow-up of home contacts disclosed another 9 cases.

Two cases of dysentery due to *Shigella flexneri* were notified. Both patients had clearly been infected abroad.

(b) Amoebic Dysentery.

One case of amoebic dysentery was reported. The infection had been contracted during a stay in the Middle East.

Meningococcal Infection

An undergraduate developed meningococcal meningitis and was admitted to the Slade Hospital. He made a complete recovery following intensive therapy. There were no secondary cases.

Encephalitis

A 59 year old woman was admitted to hospital with acute encephalitis. She had been in contact with a person who had a rubella-type illness, and this was the likely source of the infection.

Typhoid and Paratyphoid Fevers

No cases of typhoid fever were notified during the year.

One case of paratyphoid fever occurred, but exhaustive enquiries failed to establish the source of infection. Contacts were investigated but none proved to be infected. The patient was isolated at the Slade Hospital until treatment rendered her free from infection.

The following incident is quoted to draw attention to the valuable exchange of information between Medical Officers of Health and the unremitting but little publicized preventive work which is undertaken. In the course of the Summer, information was received that an Oxford person, who had been holidaying in Scotland, had been in brief contact there with relatives known to have paratyphoid fever. As this person was normally employed in a bakery, it was arranged that he should not return to work until examination of repeated stool specimens, which were submitted over the remainder of the incubation period, had shown that he was not infected. He was duly cleared and allowed to return to work. Subsequently, his parents also returned from Scotland, having stayed on to help care for their relations. Routine specimens were again taken and salmonella paratyphi isolated from the father despite lack of symptoms at any time. The family doctor was informed at once of this fresh development, and it was disclosed that the son had sought medical advice that day for an abdominal disorder. In these circumstances, the father and son were both admitted to the Slade Hospital. The son's symptoms, although suggestive of paratyphoid infection in view of his home contact, were in fact due to another condition. He was discharged following treatment and allowed to return to work after an appropriate interval to ensure that he was not incubating the disease. Intensive treatment eventually freed the father from infection.

It will be apparent that in the absence of adequate follow-up, the son could well have contracted paratyphoid fever at home. This could have had disastrous consequences for the City in view of the nature of his employment.

Food poisoning

There were 39 notifications during the year. Food poisoning was due to contamination of food with the following organisms:—

Clostridium welchii	..	..	28 cases
Salmonella heidelberg	..	..	7
„ seftenberg	..	..	1
„ typhimurium	..	..	1
„ brandenberg	..	..	1
Unknown	..	..	1

The main outbreak concerned an Old People's Home. 27 of the 60 residents developed abdominal pain, diarrhoea and vomiting some 7—18 hours after the consumption of meat which was subsequently found to be contaminated with *Clostridium welchii*. Re-heating of the meat had clearly been a contributory factor, and this practice cannot be too strongly condemned. Fortunately, on this occasion the illness was not unduly severe and all those affected recovered completely within 6 hours.

Six cases of food poisoning resulted from consumption of a turkey infected with *Salmonella heidelberg*. Five of the cases were members of one family, and a guest was also involved.

In addition, single cases of food poisoning were attributed to contamination of food with *Salmonella anatum*, *Salmonella brandenburg*, *Salmonella heidelberg*, *Salmonella seftenberg*, *Salmonella typhi-murium* and *Clostridium welchii*. A further case was thought to be due to staphylococcal contamination of a meat pie. The source of infection could not be traced in these cases. It was thought that 3 of the cases were infected outside the City.

Annual return of food poisoning

The following information is compiled on a prescribed form at the request of the Ministry of Health:

1. Number of food poisoning notifications received ..	39
Number of cases otherwise ascertained	2
Number of symptomless excreters	1
Fatal cases	—

2. Particulars of outbreaks

AGENT	Family outbreaks			No.	Other outbreaks		Total number of cases	
	No.	No. of cases			No.	No. of cases		
		Noti- fied	Otherwise ascertained			Noti- fied		Otherwise ascertained
Agent identified:								
(a) Chemical poisons	—	—	—	—	—	—	—	
(b) Salmonella Heidelberg	1	6	—	—	—	—	6	
(c) Staphylococci (including toxin)	—	—	—	—	—	—	—	
(d) Cl. botulinum ..	—	—	—	—	—	—	—	
(e) Cl. welchii ..	—	—	—	1	27	—	27	
(f) Other bacteria	—	—	—	—	—	—	—	
Causative agent not identified ..	—	—	—	—	—	—	—	
Totals ..	1	6	—	1	27	—	33	

3. Single cases

AGENT	No. of cases		Total No. of cases
	Notified	Otherwise ascertained	
Agent identified:			
(a) Chemical poisons	—	—	—
(b) Salmonella—			
Anatum	—	1	1
Brandenburg	1	—	1
Heidelberg	1	—	1
Seftenberg	1	—	1
Typhi-murium	1	1	2
(c) Staphylococci (including toxin)	—	—	—
(d) Cl. botulinum	—	—	—
(e) Cl. welchii	1	—	1
(f) Other bacteria	—	—	—
Causative agent not identified	1	—	1
Totals	6	2	8

4. Salmonella infections, not food-borne

Salmonella (type)	Outbreaks		No. of cases (outbreaks)	Single cases	Total No. of cases (outbreaks and single cases)
	Family	Other			
	—	—	—	—	—
Totals	—	—	—	—	—

CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Churchill Hospital	Oxford Eye Hospital	Slade Hospital
Erysipelas	—	—	—	1
Puerperal pyrexia	41	33	—	1
Ophthalmia neonatorum	—	—	1	—
Measles	—	—	—	1
Whooping Cough	—	1	—	13
Bacillary Dysentery	2	—	—	2
Amoebic Dysentery	1	—	—	—
Meningococcal infection ..	—	—	—	1
	44	34	1	19

AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1964

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT													TOTAL NUMBER OF CASES IN EACH WARD						
	AGES IN YEARS													S'town & W'ver- cote	North	West	South	East	Head ington & M'ston	Cowley & Iffley
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-							
Scarlet Fever ..	23	—	—	2	2	7	12	—	—	—	—	—	1	—	—	5	—	2	4	12
Erysipelas ..	7	—	—	—	—	—	—	—	—	—	1	5	—	—	—	1	1	—	2	2
Puerperal pyrexia ..	78	—	—	—	—	—	—	—	10	59	9	—	—	—	—	—	—	1	32	3
Ophthalmia neonatorum	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles ..	280	8	37	35	48	50	94	3	—	4	—	1	—	—	—	6	4	23	12	220
Whooping Cough ..	87	10	5	17	9	18	19	7	2	—	—	—	—	—	—	9	9	6	23	36
Pneumonia ..	16	1	—	—	1	—	—	—	—	—	1	4	9	—	5	5	—	2	3	1
Acute encephalitis— infective ..	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—
Meningococcal infection	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—
Paratyphoid	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—
Bacillary Dysentery ..	79	3	10	9	5	5	16	3	5	14	5	4	—	—	—	—	8	11	11	36
Amoebic Dysentey ..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning ..	39	—	1	1	—	—	—	3	1	1	1	4	27	2	1	5	—	—	27	4
	614	23	53	64	65	80	141	17	19	79	17	19	37	19	66	32	23	45	115	314

NOTIFIABLE INFECTIOUS DISEASES SINCE 1945

[illegible]

(b) THE SLADE HOSPITAL. Infectious Diseases Department.

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases patients at the Slade Hospital has continued to be of the greatest value to all concerned.

Dr. A. G. Ironside, M.B., Ch.B., M.R.C.P., resigned from his post of Resident Medical Officer at the end of September after eight years' service, and it is pleasing to record that he has subsequently been appointed Lecturer in Infectious Diseases to the University of Glasgow, a post which carries Consultant status at Ruchill Hospital, Glasgow. He was succeeded by Dr. Daphne M. Humphreys, M.B., B.S., who has prepared the following report which is included by reason of the fact that the infectious diseases patients at the Slade Hospital are so very closely connected with the epidemiological work of the Health Department.

"There were 500 admissions to the 25 infectious diseases cubicles (23 single); exactly the same number as last year.

There have been no unusual outbreaks of disease, and again as last year there were no cases of poliomyelitis; thus indicating that the programme of vaccination has continued to be a success.

The major change on figures has been an impressive increase in cases of whooping cough, viz. 30 as against 8 for the same period last year. It is significant that 12 of these were under the age of four months and had, therefore, not been fully vaccinated; over half had been in contact with older siblings who had received triple vaccine but who developed an attenuated attack. The hazard of contracting the disease under three months is well-known and many of these cases suffered from frequent and severe cyanotic attacks. The loud speaker system mentioned in the last report has been of invaluable help in securing immediate attention. Only 2 cases were complicated by pneumonia and 1 case by severe convulsions. All but the mild cases (which were admitted largely on social grounds) were treated with tetracycline for an average of ten days following admission and this obviously reduced the number of chest complications. Only 1 case had residual X-ray changes, the child having contracted pneumonia following a moderate attack before admission.

The largest number of admissions this year was from non-specific gastro-enteritis in adults, numbering 46. Two of these died, both elderly, one having coincidental carcinoma of prostate and congestive heart failure, and the other concomitant heart disease. None of the remaining cases was serious. Non-specific gastro-enteritis in infants also formed a large proportion of admissions, numbering 39. None of these died. There were clinical signs of lateral sinus thrombosis in 2 who were very severely dehydrated on admission but both recovered with no evident sequelae. Seven of these cases had pathogenic *B. coli* isolated from the stools; all

were mild, and it is difficult to ascertain from these the importance of this organism in the pathogenesis of the condition. Intravenous fluids were not required even in the most severely dehydrated cases.

Upper respiratory tract infection formed the next largest number of admissions with 35 cases. There were 10 cases of bronchitis, 2 of tracheo-bronchitis, and 1 of obstructive laryngitis. A causative organism (adenovirus type 4) was isolated only in the case of obstructive laryngitis.

There were 31 cases of pneumonia, of which 16 were lobar and 7 bronchopneumonia. Two were in infants under one year. Amongst the adults were single cases due to influenzal virus and psittacosis, and 2 cases due to mycoplasma. There were two deaths, both in very aged patients with severe disease and heart failure.

There was no measles epidemic during this twelve month period but cases were just commencing at the end of the year. Of the 18 cases, 5 were complicated by bronchopneumonia, 1 by otitis media and 1 by encephalitis; all recovered with no sequelae.

Glandular fever accounted for 29 admissions. Most of these were severe anginose types. Routine liver function tests were not performed, but amongst this series there was 1 case of clinically obvious hepatitis with jaundice. All cases showed a typical clinical picture. 17 had atypical mononuclear cells in the peripheral blood plus a positive Paul Bunnell; 6 had atypical cells, but a negative Paul Bunnell on two occasions; 4 had neither atypical cells nor a positive Paul Bunnell. It is difficult to know what designation to apply to the latter 4 cases with typical clinical disease but no supporting ancillary investigations. Studies are being carried out in the virus laboratory to try and elucidate this problem. None of the cases was treated with hydrocortisone and in view of the experience of last year showing that antibiotics had poor effect, these were not used except where there was significant secondary infection. Withholding antibiotic treatment made no difference to the average rate of recovery.

Adult dysentery accounted for 11 admissions; all were Sonne except 1 case of Flexner. There were no deaths and no complications.

There were 10 cases of Salmonella infection; 1 being complicated by a purulent arthritis with severe systemic upset. The fact that this disease should always be regarded as potentially dangerous is illustrated by one case of Salmonella septicaemia with acute renal failure in a middle-aged man, who only survived after many dialyses and who had no evidence of pre-existing renal damage. One case occurred in a patient already suffering from ulcerative colitis.

There was 1 case of typhoid and 1 carrier. Neither was cleared of the carrier state although stools remained clear on daily ampicillin. There was one other case where the Widal was suggestive of typhoid infection but there was no other supporting evidence. Paratyphoid B accounted for 2 cases, and 1 carrier was admitted. All three were cleared of infection before discharge.

There were 8 cases of infective hepatitis and all responded uneventfully to conservative treatment. None had complications, and none required steroids. There were also 3 cases of suspected drug-induced hepatitis.

25 cases of mumps were admitted, and amongst these were the following varied complications:—meningitis (2 cases); encephalitis (1 case); pancreatitis (3 cases); labyrinthitis and permanent 8th nerve deafness (1 case); orchitis (4 cases—all unilateral and in adults).

There were 18 admissions from chicken pox. One was complicated by pneumonia. Two developed encephalitis and one of these, an adult with a minimal rash, was severe and was left with a slight residual spastic paraplegia and mild cerebellar ataxia.

Of the 10 cases of meningitis, 8 were caused by a virus such as Echo 9 (2 cases); Coxsackie A.9 (1 case); and Coxsackie B.4 (1 case). It is of interest to note that the virus responsible for all 8 cases last year was Echo type 6. Echo 7 was responsible for 1 P.U.O. and also for a case of transverse myelitis. Coxsackie 5 was isolated from 1 case of P.U.O. Two of the cases of meningitis were meningococcal. One had arthritic complications. One case, a man of 55, with a short-lived, extremely severe illness, who was admitted in coma, died. In this case, the C.S.F. response to therapy was excellent but death occurred from uncontrollable Waterhouse-Friederichsen's syndrome.

There were 11 cases of short-lived clinical illness, many with slight neck stiffness and photophobia, on which lumbar puncture was not performed and from which no causative virus was isolated.

Haemolytic streptococcal infection accounted for 14 cases, of which 9 had tonsillitis; 1 quinsy; 3 upper respiratory tract infection, and 1 pneumonia. It is of importance that a large number of haemolytic streptococci now isolated are resistant to tetracycline but sensitive still to penicillin, which remains the treatment of choice. Clinical tonsillitis without isolation of an organism occurred in 5 other cases.

7 cases of staphylococcal infection were admitted. Only 2 of these (a septicaemia with burns, and a case of bullous impetigo) were of important clinical significance. In the remainder, staphylococcus was isolated from wound infections, or from diarrhoea which was obviously not serious enough for the organism to be incriminated as the agent responsible.

There were 7 cases of malignant disease of the bowel. These were all sent in with diarrhoea and vomiting. One had peritonitis and one had an abscess of the anterior abdominal wall in addition. Diarrhoea sent in for investigation also revealed a varied number of pathologies, viz. appendicitis (6 cases); diverticulitis (3 cases); cholecystitis (2 cases); perforated peptic ulcer (1 case); feeding problem (1 case); intussusception (1 case); post gastrectomy malabsorption (1 case).

There was a total of 10 deaths during the year. Only 5 of these were due to infectious disease; 1 as already mentioned was due to meningococcal meningitis 2 to gastro-enteritis, and 2 died from bronchopneumonia. There was one death from cerebral thrombosis, and one from status asthmaticus in a patient with severe existing respiratory failure. The remainder were due to carcinomatosis.

Summary of Admissions to the Infectious Diseases Wards at the Slade Hospital during 1964

						<i>Admissions</i>	<i>Deaths</i>
Gastro-enteritis—adult	..	..	..	..	..	46	2
Gastro-enteritis—infants	..	..	..	..	..	39	—
Upper respiratory tract infection	..	..	..	..	..	35	—
Pneumonia	..	..	..	..	..	31	2
Whooping Cough	..	..	..	..	..	30	—
Glandular fever	..	..	..	..	..	29	—
Mumps	..	..	..	..	..	25	—
Chickenpox	..	..	..	..	..	18	—
Measles	..	..	..	..	..	18	—
Tonsillitis—quinsy	..	..	..	..	..	15	—
P.U.O.	..	..	..	..	..	12	—
Dysentery	..	..	..	..	..	11	—
Salmonella infection	..	..	..	..	..	10	—
Infective hepatitis	..	..	..	..	..	8	—
Virus meningitis	..	..	..	..	..	8	—
Herpes zoster	..	..	..	..	..	7	—
Staphylococcal infections	..	..	..	..	..	7	—
Rubella	..	..	..	..	..	6	—
Typhoid and paratyphoid	..	..	..	..	..	5	—
Eczema	..	..	..	..	..	4	—

There were 3 cases of urinary infection; roseola infantum; erysipelas; diverticulitis; and asthma (one death).

There were 2 cases of meningococcal meningitis (one death); cholecystitis; drug sensitivity; rheumatic fever; and Stevens Johnson syndrome.

There were single cases of subarachnoid haemorrhage; abdominal pain; ornithosis; feeding problem; febrile convulsion; cervical spondylosis; puerperal pyrexia; abdominal abscess; peripheral neuritis; Still's disease; failure to thrive; winter vomiting disease; tabes dorsalis; cerebral embolism; intussusception; lateral popliteal palsy; scarlet fever;

urticaria; multiple pulmonary embolism; rectal bleeding; post gastrectomy malabsorption syndrome; erythema nodosum; boils and carbuncles; cardiac cirrhosis; deep venous thrombosis; anterior spinal artery thrombosis; bronchiectasis; epididymo-orchitis; lung abscess; transverse myelitis; perforated peptic ulcer; Wilms tumour; influenza; pyogenic arthritis; malaria; tuberculosis; and Henoch Schonlein purpura.

Of the total number of admissions, non-infectious cases accounted for 70 of whom 7 died. 5 healthy babies accompanied sick mothers."

(c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act, 1946, are as follows:—

	<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to the United Oxford Hospitals	3/11ths
Mrs. D. Hicks, Medical Social Worker, Chest Clinic ..	3/11ths
Miss G. M. Lawrence and Miss M. S. Williams, Tuberculosis Health Visitors each	Half-time
1 Clerk	3/11ths

TABLE A

New Cases and Mortality during 1964

Age Periods	New Cases				Deaths			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female	Male	Female	Male	Female
0— ..	—	—	—	—	—	—	—	—
1— ..	2	1	—	—	—	—	—	—
2—4 ..	3	5	—	—	—	—	—	—
5—9 ..	2	—	—	1	—	—	—	—
10—14 ..	2	3	—	—	—	—	—	—
15—19 ..	3	—	—	—	—	—	—	—
20—24 ..	1	1	3	1	—	—	—	—
25—34 ..	14	3	4	2	—	—	—	—
35—44 ..	9	1	1	2	1	—	—	—
45—54 ..	14	1	—	—	—	—	1	—
55—64 ..	19	5	—	—	1	—	—	—
65—74 ..	3	2	1	—	1	1	—	—
75 and over ...	3	—	—	1	1	—	—	—
Age Unknown	—	—	1	—	—	—	—	—
Totals ...	75	22	10	7	4	1	1	—

TABLE B
Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89
1952	74	10	84
1953	01	18	119
1954	116	15	131
1955	110	22	132
1956	194	11	105
1957	84	8	92
1958	63	7	70
1959	66	11	77
1960	75	10	85
1961	53	7	60
1962	71	5	76
1963	70	25	95
1964	97	17	114

Dr. F. Ridehalgh reports as follows:—

“The graph of tuberculosis notifications in Oxford during the past twenty years shows a curiously erratic pattern. Respiratory notifications, which are probably the best index of morbidity, rose steadily from 120 in 1945 to a peak of 180 in 1949, declined steeply to 74 in 1952 and rose again in 1953 and 1954 to a peak of 116. In the next seven years apart from a slightly aberrant figure of 75 in 1960, there was a steady fall to an all-time low level of 53 respiratory notifications in 1961. Since then it has risen, to 71 in 1962, 70 in 1963 and 97 in 1964.

It need not be assumed that a rising tide of notifications means a rise in actual morbidity. It is influenced by many other factors such as changes in population structure, planned case-finding programmes, changes in the criteria by which notification is determined. In Table I the component parts of the overall notification figures are presented under various sub-groups in an attempt to assess their true significance.

TABLE I

				1961	1962	1963	1964
Tuberculosis,	all forms	..	..	60	76	95	114
	non-respiratory	..	..	7	5	25	17
	respiratory	..	..	53	71	70	97
Respiratory,	adult male	..	..	31	51	41	66
	adult female	..	..	13	16	19	13
	all adults	..	..	44	67	60	79
	children	..	..	9	4	10	18
	men over 35	..	..	18	34	22	48
	native born adult						
	residents	..	..	30	47	34	55
	Asian immigrants	..	..	3	10	21	16
	Other immigrants	..	..	11	10	15	8

Notification is governed by two factors. First it implies that a positive diagnosis has been made, though not necessarily confirmed by positive bacteriological findings. Second that the case has been judged sufficiently active to require treatment.

The first factor is an index of case-finding zeal rather than a true indication of actual morbidity, which could only be obtained by screening the whole population. It is the sum of those who present with symptoms and those who are found by other methods such as routine radiography, examination of contacts of tuberculin positive children and so on. The second factor will be affected by any change in the criteria upon which treatment is decided. Thus, infected children are very likely to get drug treatment nowadays, and minor but not obviously healed lesions in adults are now treated whereas twenty or even ten years ago they would merely have been watched in the expectation of reactivation or breakdown. Both these factors tend to swell the notification figures and could therefore conceal a true morbidity which was actually falling.

The rise in notifications in 1948-49 was partly artificial. It occurred during the reorganisation of the Chest Clinic when it was found that many cases under supervision had escaped notification. Since 1950, the apparently erratic peaks of notification correlate with the periodic visits of the Mass X-ray Unit.

Oxford is in fact rather well off for routine X-ray facilities. There is a busy G.P. X-ray Unit which does a high proportion of chests, there are X-ray Units at the motor-car factories which X-ray new entrants and also workers returning after an illness, and annual X-ray is offered to the whole University including dons, students and college servants.

In 1963 the only Mass Radiography was a special examination of 447 Pakistani immigrants. Respiratory notifications in Pakistanis rose from 10 to 21.

In 1964 the Mass X-ray Unit examined about 44% of the adult population with no special attempt to attract immigrants. Respiratory notifications in adults rose from 60 to 79, in native born adults from 34 to 55, in all male adults from 41 to 66, and in men over 35 from 22 to 48. Notifications in adult women fell from 19 to 13.

No amount of case-finding, however zealous, will find cases of tuberculosis unless they are actually there. The figures seem to me to show that in spite of all the routine radiography, there is still plenty of undetected active tuberculosis to be found, and the place to look for it is in men over 35.

Deaths

There were six deaths from tuberculosis. Two died in the Osler Hospital, of whom one was a homeless news vendor from London, admitted from Casualty in a moribund state, rescued from an Addisonian crisis but succumbing to gross bilateral tuberculosis and subsequent hypothermia. The other was an Oxford woman of 65, gravely ill when she first called a doctor, she died from a combination of massive pulmonary tuberculosis and widespread pulmonary emboli. There was one death from tuberculous meningitis, in a Pakistani immigrant.

Prevention and Social Welfare

The following series of connected cases is presented in full to show how routine contact work is pursued, and how even so it may fail to catch up with the spread of infection unless the most searching questions are put by those chasing contacts.

Early October, 1963—

Child A (6½): Referred because of erythema nodosum after having been generally unwell. X-ray, primary complex. Notified and treated.

25th October, 1963. *Contacts seen*—

Sister of A (2½): Mantoux 1/1000 strongly positive. X-ray, primary complex. Notified and treated.

Mother of A: Having treatment for bilateral carcinoma of breast. Chest X-ray normal. In May 1964 developed an enlarged gland in neck and swelling on top of head, thought at first to be secondary deposits but a biopsy proved to be tubercle. Notified and treated but died 21st September, 1964, from carcinomatosis.

Father of A: normal X-ray.

Grandmother of A: normal X-ray.

A number of other relatives had normal X-rays except one uncle already known as a case of sarcoidosis.

Adult male B (33) lodger: Cough but otherwise well. X-ray extensive active pulmonary tuberculosis with large cavity. Sputum heavily positive on direct film and culture. Had X-ray two years previously, normal. Notified and treated. Many casual contacts but would give no names. Would not give employer's name but said he would ask him to go to his doctor for X-ray.

March 1964—

Child C (14): Pre-B.C.G. tuberculin test at school strongly positive. Not well for one year, recent cough. X-ray showed pleural effusion and lung infiltrate. It was then found that her father employed adult B and she had been in the habit of riding with him in his vehicle. Notified and treated.

Sister of C (10): Mantoux negative 1/100. X-ray normal. Given B.C.G.

Brother of C (15): Had had B.C.G. early 1964. X-ray normal.

Mother and Father of C: normal X-rays.

June, 1964—

Child D (6): Seen after Mrs. A had given her name as contact of adult B. Mantoux 1/1000 strongly positive. X-ray, primary complex. Notified and treated.

Brother of D (4):
Sister of D (9): } Mantoux 1/100 negative. Given B.C.G.

Mother and father of D: X-ray, no lesions.

Adult female E: Seen on account of cough and purulent sputum. Active pulmonary tuberculosis, positive sputum, treated. Friend of adult male B. X-ray six months previously, old calcified primary right upper.

Husband of E: History of tuberculous hip 17 years ago. X-ray, small calcified primary complex.

Two sons of E (12 and 7): Mantoux negative. Given B.C.G.

Family F: Seen as contacts of Mrs. E.

Mr. and Mrs. F: Well, normal X-rays.

Daughter of F (4½): Mantoux 1/1000 positive. Primary complex.

Daughter of F (2½): Mantoux 1/1000 positive. Primary complex.

Daughter of F (nine months): Mantoux 1/100 negative. Normal X-ray. B.C.G. given.

Daughter of F (5½): Mantoux 1/100 negative. Normal X-ray. B.C.G. given.

B.C.G. vaccination was given to 879 contacts.

The health visitors' work is invaluable, both in the wide extension of preventive work, in the supervision of out-patient chemotherapy, and in maintaining contact with housebound patients, of whom we still have a fair number especially in winter. There are very great advantages in retaining our two specialist health visitors attached to the Clinic. During the year they undertook 1,475 effective visits. The work done includes the follow-up of tuberculous patients and their contacts, and visits to patients suffering from other forms of respiratory disease at the request of the physicians. Apart from this aspect of their work the health visitors attended 181 sessions at the chest clinic, including the weekly case conferences with doctors, medical social workers and the domiciliary occupational therapists whose help to housebound patients is so valuable.

The visits of the occupational therapists are greatly welcomed by housebound patients, and at the weekly socio-medical conferences, the occupational therapists often bring problems to our notice which might otherwise be missed. We are glad that Mr. Smith continues his work as Disablement Resettlement Officer with his high sense of vocation. The Care Committee met less often in 1964 than in earlier years but its contribution was no less vital. It is also tremendously helpful to have the close daily co-operation with the socio-medical workers (who are no less helpful than when they were called almoners). The whole basis of our work is that clinical, preventive and social medicine must be co-ordinated by a team who know each others' minds, and every member of the staff, clinical and lay, has worked together to achieve this."

(d) VENEREAL DISEASES

In connection with Section 28 of the National Health Service Act, 1946, relating to the prevention of illness and after-care, the City Council accepts responsibility for 2/11ths of the salary of a medical social worker who spends about a quarter of her time on venereal diseases work.

The following table summarises the work of the clinic held at the Radcliffe Infirmary for 1964 and compares this year with the three previous years. It should be noted that the figures given in this table includes patients from the wide area around Oxford served by the Radcliffe treatment centre:—

New patients suffering from	1964		1963		1962		1961	
	Male	Female	Male	Female	Male	Female	Male	Female
Syphilis —								
primary	—	—	—	—	—	—	1	—
secondary	—	—	—	—	1	—	—	—
cardio-vascular	—	—	3	1	—	—	—	—
of the nervous system	—	—	4	2	—	—	1	—
latent	8	4	13	7	13	11	2	4
congenital	—	—	2	1	1	1	—	—
Total	8	4	22	11	15	12	4	4
Gonorrhoea	186	50	194	73	187	37	136	28
Other conditions	378	122	318	105	276	70	213	84
Undiagnosed	5	1	11	2	5	9	9	9
Total new patients	577	177	545	191	483	128	362	125
Total attendances	1996	705	1649	800	1652	574	1246	506

Dr. P. Mallam reports:

“During the past year Dr. Stewart has been in Jamaica and Dr. Levi has come from there to do the former’s work in Oxford, and amongst his other duties has worked in the Special Clinic. He has, in point of fact, some experience of this duty as he was at one time Registrar to the V.D. Department. The future staffing after September this year will depend on who is elected to fill Dr. Mallam’s post as Physician when he retires in the Autumn.

The attempt to follow up all cases of syphilis seen in the hospital has proved to be of very doubtful value and impossible to make entirely effective and for the sake of accuracy it is probably better to omit these patients altogether while realising that the total cases of syphilis are not as low as they would appear to be from the figures obtained in the Clinic.”

Dr. J. Walley reports:

“There has been little change in 1964 in the Female V.D. Clinic compared to the previous year. We are still seeing a steady stream of patients with Gonorrhoea.

We have had no cases of early contagious Syphilis in women despite the increase in the last two years referred to in the Annual Report of the Chief Medical Officer for the Ministry of Health for 1963.

A detailed account is given in the Medical Social Worker's Report of the social problems involved in dealing with the promiscuous habits of young female patients attending the Clinic.”

Miss B. F. Piesse (Medical Social Worker) reports:

“The total number of new cases has risen from 736 in 1963 to 754 in 1964 (Tables I, II and III) and the total number of attendances has increased from 2,449 in 1963 to 2,701 in 1964. The tables given above include the totals for 1963. There has been no marked change in this year's figures as compared with last year. Table I shows the new cases of syphilis treated at the Clinic. These figures appear to be much lower than last year's, but, in fact, the 1963 figures included cases which had been treated in other Departments of the hospital, and the 1964 figures show only the cases treated in the V.D. Clinic.

The number of new cases of gonorrhoea (Table II) has slightly decreased but there has been an increase in the cases of other venereal conditions treated at the Clinic (Table III).

The total attendances of all patients shows that more patients have completed their treatment. This might be due to a quicker follow-up system which has been used this year. Many patients cease to attend the Clinic when their symptoms disappear but before their treatment has been completed. As in previous years, the clinic staff have continued to impress upon patients the importance of finishing their treatment.

TABLE I
New Cases of Syphilis

	Male	Female	Total
Primary	—	—	—
Secondary	—	—	—
Latent in 1st year of infection..	2	1	3
All other late and latent stages	6	3	9
Totals 1964	8	4	12
Totals 1963	22	11	33

TABLE II
New Cases of Gonorrhoea

	Male	Female	Total
1964	186	50	236
1963	194	73	267

TABLE III
New Cases of Other Conditions

	Male	Female	Total
Non-Gonococcal Urethritis ..	111	—	111
Late and latent treponematoses presumed to be non-syphilitic	—	2	2
Other conditions requiring treat- ment within centre	124	71	195
Conditions requiring no treat- ment within centre	143	49	192
Undiagnosed Conditions ..	5	1	6
Totals 1964	383	123	506
Totals 1963	329	107	436

There has been a marked increase in the number of girls attending between the ages of 15 and 19, and 15 girls came to the clinic who were under the age of 16 years. Table IV shows the age-grouping of individual patients attending with new infections of gonorrhoea.

TABLE IV
Number of Individual Patients attending with new Infections of Gonorrhoea

AGE GROUP	1964			1963		
	Male	Female	Total	Male	Female	Total
Under 16	—	3	3	—	1	1
16 and 17	2	5	7	2	1	3
18 and 19	12	9	21	10	18	28
20—24	44	18	62	62	30	92
25 and over	128	15	143	119	23	142

TABLE V
Nationality of all New Patients

1964			1963	
	British	Non-British	British	Non-British
Males ..	377	176	369	174
Females ..	152	21	169	22

During the latter part of the year a number of young girls, who are friends, have come to the Female Clinic together, having become suspicious that one of their boy-friends might have an infection. They seem to lead promiscuous lives and discuss this with each other; therefore they have no fears that their friends know all about their attendances at the clinic. Most of their parents do not know about their visits to the clinic. These young people pose a very real problem and certainly need considerable help with leading more constructive lives. Even with this younger age group the effect of alcohol is a big problem. Many of them spend their spare time in public houses and admit to being under the influence of alcohol when they become infected. They are very susceptible to the influence of advertising, X-films and other forms of entertainment. They complain of being bored, and that their parents do not understand them, and few have hobbies or seem able to make constructive use of their leisure time. All new female patients are seen by the Medical Social Worker and most of them need considerable support to complete their treatment. These young people welcome the opportunity to discuss all aspects of this problem. Many of the girls and boys are emotionally deprived due to their family background.

The problem of loneliness and adjustment to a strange city or country are common causative factors in patients becoming infected. Table V shows the proportion of non-British people attending the clinic. There is a different social attitude of some immigrants towards promiscuity. For instance, to some of the coloured population including married men, it adds to their social status to have a white girl-friend. There are, therefore, many marital problems which come to light as a result of this attitude, and the married woman who has a promiscuous husband is a very lonely and desperately unhappy person. These women are left with the full responsibility of bringing up their children on a small income, while their husbands sometimes spend the remainder of their wages on keeping a British girl in a flat or paying a prostitute, and on alcohol. Another problem which arises with the immigrant population is over-crowding housing conditions, and this problem produces more promiscuity and spread of infection.

Contact tracing has continued to be done by the Medical Social Worker. Many patients are unwilling to give the name of their contact, but are encouraged to bring their partner to the clinic, or are given a letter to hand to him or her. As a result of the casualness of the relationship and the influence of alcohol, some of the male patients are unable or unwilling to give the name of their contact, and usually accept a letter to hand to the girl. Both in the City and the County specially designated Health Visitors continue to give excellent help in encouraging contacts and defaulters to attend.

Many patients need considerable help with the feelings of guilt associated with contracting a venereal disease. There are other patients

who because of psychological and personality difficulties need skilful treatment. One patient has been referred to a psychiatrist for treatment.

Table showing the incidence of new cases of Venereal Disease in City Residents from 1945—1964

	MALES		FEMALES	
	Syphilis	Gonorrhoea	Syphilis	Gonorrhoea
1945	11	24	12	17
1946	23	57	19	15
1947	14	26	25	10
1948	7	36	12	7
1949	8	17	9	2
1950	14	9	9	6
1951	8	10	6	3
1952	7	25	5	8
1953	8	16	3	13
1954	6	21	7	13
1955	6	27	4	25
1956	6	32	8	17
1957	7	38	2	12
1958	7	62	7	6
1959	5	70	1	16
1960	4	77	3	14
1961	1	104	2	20
1962	7	143	9	26
1963	10	145	4	40
1964	6	125	3	38

(e) VACCINATION AND IMMUNISATION

1. Vaccination against smallpox

Table showing successful vaccinations performed during the year:—

Age at date of Vaccination in months	0—2	3—5	6—8	9—11	12—23
Number vaccinated (primary) ..	19	20	18	484	519
Number re-vaccinated	—	—	—	—	6

Age of date at Vaccination in years	2—4	5—14	15 and over	Total
Number vaccinated (primary) ..	101	9	61	1,231
Number re-vaccinated	18	77	857	958

Of the vaccinations carried out during the year, 106 primary vaccinations and 705 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act, 1946.

During the year four attempts were made on one child, three attempts on two children, and two attempts on 15 children, without success. Six children did not return for a second attempt after a first failure. A primary vaccination which fails to take, in no way implies immunity to smallpox and the usual procedure following repeated failures is to postpone further attempts for six months.

This is the first full year during which children have been offered smallpox vaccination after completion of other prophylactic procedures following the change of policy in 1963.

The following table shows the number of children under two years of age who have been vaccinated in recent years:—

Year	1960	1961	1962	1963	1964
Number of live births	1,549	1,695	1,695	1,842	1,872
Number of children vaccinated under two years of age ..	1,099 (71%)	1,125 (66%)	1,558 (92%)	383 (21%)	1,060 (57%)

The high figure for 1962 was the result of outbreaks of smallpox in the country. The low figure for 1963 is accounted for by the change in policy regarding age of vaccination.

No serious reactions or complications of vaccination occurred during the year.

At the beginning of the year we received a request from the Ministry of Health asking if we would help the Lister Institute in determining the potency of batches of smallpox vaccine. The first issue was received from the Lister Institute in April and we have reported on 12 batches as follows:

Vaccine Batch Number	Number of Vaccinations	Number Inspected	Number of Successful results	Number of Failures
9669	53	49	45	4
9661	67	58	50	8
9742	89	76	66	10
9774	88	83	76	7
9783	81	65	62	3
9916	147	113	110	3
9928	96	67	61	6
9997	69	59	55	4
9998	51	46	44	2
1051	78	77	75	2
1052	16	10	10	—
1090	101	87	83	4
Total	936	790	737	53

2. Immunisation against diphtheria, pertussis and tetanus

The following table shows the number of primary immunisations completed and the number of re-inforcing injections given during 1964.

	Children born in years							Total
	1964	1963	1962	1961	1960	1955-1959	1950-1954	
A. Number of children who completed a full course of primary immunisation:								
(i) Triple antigen ..	682	915	53	13	2	2	—	1667
(ii) Combined diphtheria—tetanus prophylactic	15	16	14	7	12	68	2	134
Totals	697	931	67	20	14	70	2	1801
B. Number of children who were given a re-inforcing injection:								
(i) Combined diphtheria—tetanus prophylactic	—	8	20	31	165	948	8	1180

Comments.

(1) General practitioners gave 54 (3%) of the 1,801 primary courses and 26 (2.2%) of the 1,180 re-inforcing injections. All other injections were given by the staff of the Health Department. This is an indication of the advantage taken by parents of the facility with which primary courses are available at all child welfare clinic sessions, and re-inforcing injections on school entry.

(2) Children receiving a full course of immunisation against diphtheria and tetanus numbered 1,801 compared with 1,564 in 1963. Those receiving a full course of vaccination against pertussis numbered 1,667 compared with 1,467 in 1963. The difference between the numbers protected against diphtheria and against pertussis is largely accounted for by the fact that on entry into school or nursery school a number of children are contacted who have never had any protection against these diseases. In such cases, a course of immunisation against diphtheria and tetanus is undertaken, while pertussis is omitted on account of the relative frequency of reactions which it produces in children of this age.

(3) The exact proportion of babies immunised against diphtheria is difficult to estimate accurately, but there is a strong indication that the rate remains satisfactory. The health visitors have studied the records of children born in 1962 and still on their list at the end of 1964. There

were 1,381 such children, of whom 1,236 had been immunised against diphtheria; which gives a figure of 90%. Comparable figures for the last nine years are as follows:—

1955	76%	1960	88%
1956	77%	1961	91%
1957	80%	1962	92%
1958	82%	1963	89%
1959	83%		

(4) Triple antigen was again used throughout the year for primary immunisation of babies, preferably beginning at 4 months. Reactions to triple antigen at this age are usually absent or slight. During the year only two children failed to complete the course owing to reaction.

Diphtheria—tetanus vaccine adsorbed (P.T.A.H.) is administered to school children in the form of either a single re-inforcing injection or a primary immunising course. Children who have previously been protected against diphtheria only, are given two additional injections of tetanus toxoid, so that full protection against diphtheria and tetanus is ensured.

(5) The exact proportion of babies protected against pertussis is not known. However, as contra-indications to the use of pertussis vaccine, necessitating the alternative administration of diphtheria-tetanus vaccine, are infrequent, the proportion of babies protected against pertussis can fall little short of that for protection against diphtheria (90%).

(6) Estimations, based on notification figures, of the protection conferred by pertussis immunisation are notoriously unreliable. However, during the past eight years there have been 51 notified cases in the first year of life, and in only four cases had the child been immunised. This suggests a considerable degree of protection.

Details of cases notified in 1964 are given in the accompanying tables:—

	Under 1 year	1 year	2 years	3 years	4 years	5—9 years	over 10 years	Total
Total notifications ..	10	5	17	9	18	19	9	87
Notifications in im- munised children ..	—	2	6	5	12	12	1	38

The following table shows the number of whooping cough cases amongst immunized children in recent years:—

1960	1961	1962	1963	1964
9	33	1	17	38

The total for 1964 is the highest for some years and reflects an increase of the disease in the community. Immunisation against whooping cough gives a good measure of protection, particularly during the first year of life when it is a potentially dangerous illness. Even if an immunised child does contract whooping cough it is likely to be considerably modified and of a relatively mild nature. The increase in notifications underlines the importance of protecting children against whooping cough.

Details of the notified cases in immunised children:—

Age of child at onset	Antigen used	Interval between last injection and onset	Severity
1 year 1 month	Triple Antigen	8 months	Mild
1 year 11 months	Triple Antigen	1 year 5 months	Moderate
2 years	Triple Antigen	1 year 7 months	Mild
2 years	Triple Antigen	1 year 8 months	Moderate
2 years	Triple Antigen	1 year 6 months	Moderate
2 years	Triple Antigen	1 year 6 months	Moderate
2 years 4 months	Triple Antigen	1 year 10 months	Mild
2 years 10 months	Triple Antigen	2 years 3 months	Mild
3 years	Triple Antigen	2 years 6 months	Very mild
3 years	Triple Antigen	2 years 9 months	Mild
3 years	Triple Antigen	2 years 6 months	Mild
3 years 1 month	Triple Antigen	2 years 7 months	Very Mild
3 years 11 months	Triple Antigen	3 years 6 months	Mild
4 years	Triple Antigen	3 years 8 months	Mild
4 years	Triple Antigen	3 years 4 months	Mild
4 years	Triple Antigen	3 years 6 months	Mild
4 years 1 month	Triple Antigen	3 years 7 months	Moderate
4 years 3 months	Triple Antigen	3 years 10 months	Mild
4 years 3 months	Triple Antigen	3 years 9 months	Moderate
4 years 4 months	Triple Antigen	3 years 11 months	Moderate
4 years 6 months	Triple Antigen	3 years 10 months	Moderate
4 years 7 months	Triple Antigen	4 years 1 month	Mild
4 years 8 months	Triple Antigen	4 years 3 months	Mild
4 years 8 months	Triple Antigen	4 years 2 months	Moderate
5 years	Triple Antigen	4 years 6 months	Very Mild
5 years 2 months	Triple Antigen	4 years 8 months	Severe
5 years 4 months	Triple Antigen	4 years 11 months	Moderate
5 years 11 months	Triple Antigen	5 years 5 months	Moderate
6 years 4 months	Triple Antigen	5 years 7 months	Moderate
6 years 5 months	Triple Antigen	4 years 7 months	Moderate
6 years 5 months	Triple Antigen	5 years 7 months	Severe
7 years 2 months	Diphtheria Pertussis	6 years 6 months	Moderate
7 years 4 months	Triple Antigen	6 years 11 months	Severe
7 years 7 months	Pertussis	7 years 1 month	Very Mild
8 years 2 months	Triple Antigen	7 years 8 months	Moderate
8 years 3 months	Pertussis	7 years 11 months	Mild
10 years 6 months	Pertussis	9 years 10 months	Very mild

3. Poliomyelitis Vaccination

Sabin (oral) vaccine is now used almost exclusively at the Child Welfare Clinics, and during 1964 there were only nine requests for Salk vaccine. Six general practitioners and one hospital continue to use Salk vaccine. Sabin vaccine is used exclusively when school children receive protection, thus making the school sessions reasonably quick, easy and pleasant for all concerned. The present schedule of immunisation for

children is three doses of Sabin (oral) vaccine at monthly intervals starting at seven months of age and a booster dose upon commencing school at five years of age. Protection of babies and school children continues at a high level, the figures being slightly higher than for the previous year.

A total of 175 school children were given a full course of vaccine at school compared with 96 in 1963. This increase appears to show that we are succeeding in giving protection to those few who were not immunised against poliomyelitis at an earlier age.

The table below gives the numbers of persons who completed courses of vaccination during the year:—

	<i>Sabin Vaccine</i>		<i>Salk Vaccine</i>	
	Full Course	Booster Doses	Primary Course	Booster Doses
Children born in 1964	220	—	2	—
Children born in 1963	1,258	—	7	—
Children born in 1962	182	—	—	—
Children born in 1961	61	1,417	—	12
Persons born in 1960/1943 ..	233		1	
Persons born in 1942/1933 ..	112		7	
Others	70		—	
Total	2,136	1,417	17	12

We continue to supply vaccine to the United Oxford Hospitals for protection of their staff, a total of 300 doses of Sabin vaccine being issued during 1964.

4. Measles Vaccination

Oxford is one of a small number of local authorities throughout the country who are co-operating with the Medical Research Council in the investigation of measles vaccines. The importance of protection lies in the fact that measles is one of the commonest infectious diseases in Britain. It causes a troublesome illness sometimes with complications, inconvenience in the home, hospitals, and nurseries, while at the same time, making additional work for the family doctor and expense for the National Health Service.

During October and November immunisation using two schedules was undertaken on a number of children between the age of 10 months and 2 years. They received either a dose of killed vaccine followed one month later by a dose of live vaccine, or a single dose of live vaccine; details as follows:—

Children who received both killed and live vaccine	85
Children who received only live vaccine	100
Total	185
Control group who did not have any vaccine	148

All the children, including the control group who did not receive vaccine, are being kept under observation by means of quarterly visits to determine the incidence of measles, etc.

The first quarterly inquiry revealed that cases of measles had occurred as follows:—

- (a) Killed and live vaccine group—no case.
- (b) Live vaccine group—1 case (mild).
- (c) Unvaccinated group—18 cases (3 severe, 10 moderate, 5 mild).

These early results suggest that a considerable degree of protection is given by the vaccines.

5. Vaccination for Travellers

(a) *Yellow Fever.* Oxford is one of the centres approved by the Ministry of Health for the provision of yellow fever vaccination. Vaccination sessions are held once a week on Tuesday afternoons. The clinic has been busy throughout the year and numbers have been maintained even during the winter months when previously a slackening of demand has been experienced. 830 vaccinations were performed compared with 715 the previous year.

(b) *Other diseases.* A travellers' immunisation clinic is held weekly on Wednesday evenings at 60 St. Aldates, but in cases of emergency the necessary injections are given on other days at Greyfriars. Immunisations given by Health Department staff more than doubled compared with the previous year. People going abroad for holidays were more conscientious about having themselves protected against typhoid fever, no doubt on account of publicity given to outbreaks of the disease.

The following are the number of immunisations given in recent years:—

	1960	1961	1962	1963	1964
Cholera	16	18	27	23	37
T.A.B.	54	30	47	85	217
T.A.B. and Cholera ..	37	50	28	31	58
Tetanus Toxoid	25	22	14	10	17
Typhus	10	5	4	1	—
Total	142	125	120	150	329

(f) INFESTATION

(i) Scabies

Two cases of scabies were reported in school children during the year. These were siblings and prompt action was taken to eradicate the infection from the family.

(ii) Pediculosis

During the year, 14,483 personal hygiene inspections were carried out by the school health visitors and, out of 7,489 children inspected, 160 were found to have lice or nits in the hair. This represents an incidence of 2.1% compared with 2.3% in the previous year.

Inspections are concentrated on schools where persistent offenders have been found in the past and, although efforts are made to detect and eradicate infestation in family contacts, it is notoriously difficult to gain full co-operation.

During the year, 3 adults infested with body lice were also treated. This compares with 3 cases in 1963 and 2 cases in 1962.

(g) LABORATORY SERVICES

Your Medical Officer of Health has been appointed by the Minister of Health as one of the two Medical Officers of Health on the Public Health Laboratory Service Board for England and Wales.

Bacteriological examinations

Examinations of specimens from cases of infectious disease and from contacts and suspected carriers have been carried out by Dr. R. L. Vulliamy and his staff at the Public Health Laboratory, Walton Street, Oxford. In addition, much help has been received from Dr. F. O. MacCallum, Consultant Virologist to the United Oxford Hospitals, in connection with the study of virus disease. We are most grateful for all the ready help which has been given throughout the year.

Analytical examinations

Mr. F. A. Lyne, B.Sc., F.R.I.C., of 220/222 Elgar Road, Reading, Berkshire, has continued as official Analyst to the City.

SECTION V

MATERNITY AND CHILD WELFARE

REPORT BY DR. C. E. HALL,
M.B., Ch.B., D.P.H., D.C.H., D.R.C.O.G.
Senior Assistant Medical Officer of Health

A. MATERNITY

(including domiciliary midwifery)

I. Midwives practising in the Area

Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Domiciliary midwives employed by the Local Health Authority	8
(b) Midwives in hospital practice, employed by the Board of Governors of the United Oxford Hospitals	37
	<hr/>
	45
	<hr/>

II. The Domiciliary Midwifery Service

1. General arrangements

Virtually all domiciliary midwifery is undertaken by full-time midwives employed by the City Council. The establishment provides for a non-medical supervisor and assistant non-medical supervisor of midwives, one senior district midwife and for seven midwives. In addition, two part-time midwives are now employed to help with the nursing care of mothers and babies discharged early from hospital, and other duties when necessary.

The City Council takes full responsibility for providing midwives with suitable transport and accommodation if required. In 1964, Corporation cars were used by four midwives, and a car allowance, on the essential user basis, was available for those running their own cars. Six midwives occupied Council property, five in fully-furnished accommodation and one in an unfurnished flat.

The midwives have been attached to general practices since October. This has been done by arranging the midwives in five groups of two, each pair being attached to a certain number of practices grouped on the basis of case load. This method of working has increased the contact between the family doctor and the midwife and is a most valuable complement to the health visitor and district nurse attachment.

The midwives moved from 82/84 Abingdon Road in July, to share the central hurses' home at 39/41 Banbury Road. The arrangement has worked happily and satisfactorily for all concerned.

2. Antenatal care for domiciliary cases

Every mother booked for domiciliary delivery by a City midwife also books a general practitioner under the Maternity Medical Service. Cases for domiciliary delivery are carefully selected and antenatal care is carried out by both doctor and midwife in close co-operation. It is very much to the advantage of the mother, and in the best interests of midwifery, that this is started early in pregnancy. The following table shows the number of midwives' bookings according to the period of gestation:—

<i>Period of gestation</i>	<i>Number of bookings</i>
Under 12 weeks	55
12—16 weeks	205
17—20 weeks	121
21—24 weeks	70
25—28 weeks	44
29—32 weeks	34
33—36 weeks	31
After 36 weeks	3
	<hr/>
	563*
	<hr/>

*This figure excludes 6 unbooked emergencies and 2 County deliveries.

Thus 112 or 19.9% of mothers booked for delivery at home did not book a midwife until after the 24th week of pregnancy. This proportion is lower than in 1963 when it was 23.2%. It is gratifying to note the improvement, but efforts to ensure earlier booking must continue.

General practitioners continued to hold special antenatal sessions at their surgeries. At the end of the year 15 doctors were participating in 13 regular weekly sessions at which a midwife or her pupil attended.

Every effort is made to ensure that the full range of antenatal blood tests is carried out in each case. Specimens may be collected at the pathological laboratory at the Radcliffe Infirmary, but most mothers find it easier to attend one of the City antenatal clinics. The following figures show the number of attendances for this purpose over the last five years:—

1960	1,036
1961	1,039
1962	1,077
1963	1,005
1964	981

In addition the Supervisor of Midwives took samples at the mother's home on 30 occasions during 1964 at the request of a general practitioner, (compared with 31 occasions in 1963 and 48 in 1962).

The concerted effort to ensure that all mothers delivered at home have a high haemoglobin level at term has been maintained. To this end, care is taken to ensure that almost every mother has routine iron in pregnancy, and that the haemoglobin level is re-estimated at 34—36 weeks. The results of all blood tests in pregnancy are entered on the midwife's record, which remains in the mother's keeping until she is delivered. Study of the records of the 567 cases delivered in 1964 shows the following distribution of late-pregnancy haemoglobin readings:—

<i>Hb.</i>	<i>Number of cases</i>
61—65%	1
66—70%	18
71—75%	58
76—80%	144
81—85%	151
86—90%	112
91—95%	54
96—100%	10
101% or over	6
No record	13
	<hr/>
	567
	<hr/>

The six patients whose haemoglobin levels were below 70% received intensive treatment. Two of these patients had postpartum haemorrhage, the others had uneventful deliveries. All but two of the thirteen patients whose haemoglobin levels were 70% had received increased therapy during late pregnancy. One patient was unable to take iron. No antenatal treatment is recorded for the other. All thirteen patients had normal deliveries.

3. City Antenatal Clinics

There was very little change in the number of attendances for full antenatal care. Attendances for this purpose numbered 40, compared with 37 in 1963 and 92 in 1962. The few mothers who attend usually do so for geographical reasons, and in each case a doctor is booked and is kept informed of his patient's progress.

The following table shows the attendances made for antenatal care, the blood tests performed for general practitioners, and the number of doses of poliomyelitis vaccine which were given during the year.

Work done at City antenatal clinics 1964

Clinic	Full antenatal care		Blood tests at request of general practitioners	No. of doses of polio- myelitis vaccine given
	First attend- ances	Re- attend- ances		
Headington ..	3	—	345	119
East Oxford ..	2	16	438	119
St. Aldate's ..	1	18	198	123
	6	34	981	361

4. Maternity Medical Service bookings

The distribution of bookings (of mothers delivered at home) under the Maternity Medical Service among doctors in practice in the City was as follows:—

40—49 cases	2 doctors
30—39 cases	—
20—29 cases	4 doctors
10—19 cases	16 doctors
5—9 cases	17 doctors
1—4 cases	13 doctors

The figures apply only to City cases, thus they do not represent the total Maternity Medical Service bookings of the doctors.

5. Work of the individual midwives, 1964

Details are shown in tabular form. The figures include deliveries and visits carried out by pupil midwives and medical students.

A second table gives an analysis of all domiciliary deliveries carried out during 1964.

Table showing the work of individual midwives

	Doctor present at delivery	Doctor not present at delivery	Mis-carriages	Total	Antenatal visits	Postnatal visits domiciliary cases	Postnatal visits hospital cases	Total visits
Midwife A (East Oxford and Marston)	10	64	—	74	1,193	2,045	111	3,349
Midwife B (Part of Headington)	16	56	—	72	1,020	1,253	104	2,377
*Midwife C (Part of Headington and Northway)	7	28	—	35	502	589	35	1,126
†Midwife D (Part of Headington and Northway)	4	17	—	21	295	396	62	753
Midwife E (Cowley)	19	54	—	73	1,115	1,109	155	2,379
Midwife F (South and West Oxford)	14	46	—	60	995	1,125	280	2,400
Midwife G (Wolvercote, Cutteslowe, North Oxford and Deputy Supervisor)	16	27	—	43	753	824	143	1,720
Midwife H (Rose Hill and part of Blackbird Leys)	14	64	—	78	1,072	1,183	153	2,408
*Midwife I (Blackbird Leys)	9	25	—	34	772	971	133	1,876
Midwife J (St. Clement's and relief midwife—transferred to Blackbird Leys w.e.f. 1.11.64)	14	46	1	61	690	1,059	253	2,002
Supervisor of midwives	8	11	—	19	255	296	52	603
Part-time midwives	—	—	—	—	—	28	2,110	2,138
Total	131†	438	1	570	8,662	10,878	3,591	23,131

* This figure includes delivery of 2 County patients, one in Linkside Avenue and the other near Wood Eaton.

*Resigned 6.6.64.

†Appointed 1.9.64.

*Resigned 31.10.64.

6. Analysis of domiciliary deliveries during 1964

	Doctor present at delivery		Doctor not present at delivery		Total
	Primiparae	Multiparae	Primiparae	Multiparae	
Total cases	40	89	68	370	567
Live births	40	90	67	370	567
Still-births	—	—	2	—	2
Twin deliveries	—	1	1	—	2
Death of baby at home ..	—	—	1	—	1
Forceps deliveries ..	1	—	—	—	1
Emergency obstetric service	—	1	1	8	10
Baby transferred to hospital by "premature baby flying squad"	—	—	—	1	1
Baby transferred to hospital other than by "flying squad"	1	—	—	8	9
Mother and baby transferred to hospital	1	—	1	5	7
Anaesthesia and analgesia:—					
(a) Pethidine	29	43	48	157	277
(b) Gas-and-air	28	68	49	286	431
(c) Trilene	3	5	2	9	19
(d) Anaesthetics	1	—	—	—	1
Antenatal care:					
(a) General practitioner and midwife	39	89	66	363	557
(b) Clinic and general practitioner ..	—	—	—	4	4
(c) None (emergencies) ..	—	—	2	1	3
(d) Hospital booked emergencies	1	—	—	2	3
Feeding at 14 days:—					
(a) Breast entirely ..	30	41	49	182	302
(b) Breast and bottle ..	1	10	4	25	40
(c) Bottle entirely ..	8	39	13	156	216

Comments on the work of the midwives and on the details of domiciliary deliveries:

1. Total deliveries decreased (567 compared with 580 in 1963). There was an increase of 200 in the number of antenatal visits, whilst postnatal visits reached a record level of 14,469, an increase of 1,347 over the figure for 1963. It should be noted that 3,591 visits were paid to patients discharged early from hospital.

2. There was no maternal death.

3. Only 2 still-births and one neonatal death occurred at home in 567 deliveries.

4. Two pairs of twins were delivered at home. Two of the babies were large and made satisfactory progress. In the other case the mother was an unbooked emergency who went into premature labour. The first baby was stillborn (classified after post-mortem as an abortion) and the second infant survived one hour.

5. Doctors were present at 23% of deliveries compared with 28% in 1963 and 31% in 1962.

6. The forceps rate was again very low, namely 0.2%.

7. It can be calculated from the figures that 53% of babies born at home were fully breast-fed at 14 days.

7. Patients booked for domiciliary delivery but transferred to hospital during labour

Despite thorough antenatal care and careful selection of mothers booked for delivery at home, it is inevitable that abnormalities will occasionally arise during labour. In Oxford, thanks to the unfailing co-operation of the hospitals, admissions of emergency cases can always be arranged without delay.

During 1963 the admission of 41 mothers occurred during labour. Calculated as a percentage of mothers delivered at home plus those admitted in labour, this works out as 6.7% compared with 4.6% in 1963 and 3.7% in 1962.

The reasons for admission, together with the outcome were as follows:

<i>Abnormality</i>	<i>End result</i>		<i>No. of cases</i>
	<i>Delivery</i>	<i>Baby</i>	
Delay in 1st stage	Spontaneous	Survived	4
Delay in 1st stage	Forceps	Survived	9
Delay in 1st stage	Caesarean section	Survived	2
Delay in 2nd stage	Forceps	Survived	7
Cord prolapse	Forceps	Survived	1
Breech presentation	Assisted breech	Survived	1
Brow presentation	Caesarean section	Survived	1
Elbow presentation	Caesarean section	Survived	1
Foetal distress	Spontaneous	Survived	1
Foetal distress	Vacuum extraction	Survived	1
Foetal heart not heard	Spontaneous	Stillborn*	1
Ruptured membranes and high head at term	Spontaneous	Survived	1
Premature labour	Spontaneous	Survived	2
Premature labour	Spontaneous	Stillborn*	1
Premature labour	Forceps	Survived	1
Antepartum haemorrhage	Spontaneous	Survived	1
Antepartum haemorrhage	Forceps	Survived	1
Antepartum haemorrhage	Caesarean section	Died*	1
Intrapartum haemorrhage	Spontaneous	Survived	2
Drug reaction	Spontaneous	Survived	1
No abnormality (doctor's request)	Spontaneous	Survived	1
			41

*These cases, involving perinatal deaths will be discussed in paragraph 11.

8. Administration of Pethidine

Pethidine was given in 205 cases in which the midwife was acting on her own responsibility (i.e. 46.8%). Corresponding figures for the last five years are as follows:—

1959	48%
1960	51%
1961	43%
1962	39%
1963	51.5%

Of the total 567 patients delivered at home 277 or 48.8% received pethidine. This figure shows a decrease in relation to 1963, when 55% of the total were given pethidine.

9. Inhalational analgesia

Gas-and-air is made readily available for every mother who wishes to receive it. Instruction in its use is always given in the antenatal period unless the mother is familiar with the apparatus. During the year 76% of mothers were given this form of analgesia.

Trilene is also available for administration by midwives in suitable cases.

Inhalational analgesia was not given in 116 cases, and investigation disclosed that it was withheld for the following reasons:—

Born before arrival of midwife	12
Rapid delivery, no time	11
Considered unnecessary	93
	<hr/>
	116
	<hr/>

Of the 93 cases in which gas-and-air or trilene were considered unnecessary, 42 received pethidine.

Two trilene sets were in use by midwives in 1964; it was administered on 19 occasions during the year.

10. Parentcraft and Relaxation Classes

Parentcraft classes continue to be held. They are well patronised and are greatly appreciated. The midwives, health visitors and doctors all contribute to the success of the classes.

Relaxation classes are organised by the Department of Physical Medicine, United Oxford Hospitals, and are held at the Radcliffe Infirmary and the Churchill Hospital. These are restricted to mothers (booked for home or hospital confinement) who are considered by their medical advisers to require this form of preparation.

In November, the Oxford area organiser for the National Childhood Trust commenced relaxation classes at the Blackbird Leys Community Centre. Arrangements were made for these classes to be combined with parentcraft classes organised by the midwife and health visitor. This combination of classes is a most valuable means of preparing for parenthood.

11. Perinatal deaths in connection with domiciliary midwifery

A full investigation of every still-birth and early neonatal death is undertaken so that an assessment of the factors contributing to this loss of infant life may be made. Three categories are considered:—

- (1) Deaths at home—2 still-births, one early neonatal death.
- (2) Deaths of babies born to mothers admitted to hospital as emergencies prior to delivery—2 still-births, one early neonatal death.
- (3) Deaths of babies admitted to hospital after delivery at home—One.

(1) Deaths at home

A. *Still-births.*

(i) This occurred in the case of a primigravida aged 17 who presented as an unbooked emergency at thirty-four weeks gestation. The baby was born before the midwife's arrival. The degree of maceration and autolysis indicated intrauterine death of some duration. The placenta was infarcted to an extent sufficient to account for this.

Comment: Possibly avoidable if the patient had had antenatal care.

(ii) This occurred in a primigravida aged 17 presented as an unbooked emergency at twenty-six weeks gestation. She was delivered of twins, the first of whom was born before the midwife arrived. This was in reality a miscarriage but is to be regarded as a still-birth since the second twin lived for a short time.

Comment: Probably unavoidable, but with adequate antenatal care might have been averted.

B. *Neonatal deaths.*

(i) This was the second twin of the pregnancy described under (1) A. (ii) which died after fifty minutes. The infant was shocked at birth following a breech delivery. The paediatric "flying squad" was called but the infant died despite efforts at resuscitation.

Comment: Probably unavoidable, but with adequate antenatal care might have been averted.

(2) Deaths of babies born to mothers admitted to hospital as emergencies in labour

A. *Still-births.*

(i) This was the second pregnancy of a twenty-one year old woman

who was booked for hospital confinement since she developed toxæmia. The domiciliary midwife, however, was called at the onset of labour and the patient was transferred to hospital where she was delivered of a still-born full term infant. The foetal heart had been inaudible and no movement felt for two days prior to delivery. The infant showed signs of early maceration and the cord was wound four times around the neck. This was not considered at post-mortem to be sufficient to have caused intra-uterine death. The only post-mortem abnormality found was a small retroplacental clot.

Comment: Unavoidable.

(ii) This occurred in the first pregnancy of a thirty-one year old woman who had had regular antenatal care from both doctor and midwife. The pregnancy was uneventful. The foetal heart disappeared during the first stage of labour and the liquor was meconium-stained. The patient was transferred to hospital where she was delivered of a macerated still-born child of 5 lb. 9 oz. The placenta was heavily infarcted and there were several small areas of retroplacental clot.

Comment: Unavoidable.

B. Neonatal deaths.

(i) This occurred following the second pregnancy of a thirty year old woman who had had regular antenatal care. At thirty-two weeks an antepartum hæmorrhage occurred and she was admitted to hospital where a lower segment caesarean section was performed for central placenta prævia. The infant subsequently developed loose stools and became dehydrated and jaundiced. Exchange transfusion was performed twice, but the infant's condition deteriorated and she died aged 8 days. Post-mortem examination revealed septic thrombosis of the umbilical vein, septic infarction of the lungs, kidney, brain and liver, monilial oesophagitis and acute enteritis.

Comment: Probably avoidable.

(3) Deaths of babies admitted to hospital after delivery at home

This was the second baby of a twenty-eight year old mother. Regular antenatal care was given by both doctor and midwife. Hydramnios and toxæmia developed at the end of the pregnancy, normal delivery of an anencephalic infant occurred at term. The infant was transferred to hospital, where it died one hour after birth.

Comment: Unavoidable.

12. Resuscitation of the newborn

The new code of practice instituted in 1963 has been continued. During the year lethidrone was used on three occasions, nikethamide was not necessary in any instance.

13. Emergency obstetric service

This service, operating from the Nuffield Maternity Home, has continued to provide valuable support to the domiciliary midwifery service. It was called upon 14 times during the year for the care of 13 patients. This represents 2.3% of domiciliary deliveries requiring emergency treatment, compared to 1% in 1963 and 2.2% in 1962.

Calls were made to the service for the following reasons:—

Prolapsed cord	1
Intrapartum haemorrhage	2
Retained placenta	4
Retained placenta and postpartum haemorrhage ..	1
Primary postpartum haemorrhage	4
Secondary postpartum haemorrhage	2
	—
	14
	==

Four patients were subsequently transferred to hospital. Two of these had had a secondary postpartum haemorrhage. One of these patients required a blood transfusion and an operation for the removal of retained products of conception, Two other patients were transferred in labour due to intrapartum haemorrhage. Both had normal deliveries, but one was given a blood transfusion after delivery.

Four patients required manual removal of the placenta. One of these was given two pints of blood in view of the postpartum haemorrhage which occurred. One patient finally expelled the placenta normally.

Four patients had primary postpartum haemorrhage. Two of these required no treatment but in both cases booking for home confinement was considered unwise. One had had a previous forceps delivery and retained placenta. She was unwilling to accept hospital confinement. The other patient had a history of postpartum haemorrhage at her two previous deliveries. The third patient with primary postpartum haemorrhage required blood transfusion and was one of the two patients transferred to hospital with a secondary postpartum haemorrhage. She had developed signs of puerperal sepsis and her haemoglobin had fallen to 55% before the haemorrhage occurred. The fourth patient was anaemic during pregnancy. This may have been a contributory cause of the postpartum haemorrhage. The haemoglobin had fallen to 68% and she was given a course of intramuscular iron. In all these cases, therefore, with better management the calls on the emergency obstetric service might have been avoided.

It is gratifying to report that prompt action by the midwife in a case of prolapsed cord resulted in the birth of a live baby who was delivered by forceps following transfer to hospital.

The 13 patients had all received satisfactory antenatal care and, apart from one patient, had haemoglobin levels of 70% or more prior to delivery.

14. Notification by midwives to the Local Supervising Authority

Despite the close partnership between doctor and midwife in the care of mothers delivered at home, the midwife is still obliged by the rules of the Central Midwives' Board to fill in a "medical aid form" when she needs the help of a doctor for cases in which he is not present at delivery.

This occurred on 166 occasions during the year (compared with 134 in 1963 and 144 in 1962.) The reasons were as follows:—

(a) *Mother*

(i) *During pregnancy*

Threatened miscarriage	..	..	..	..	1
Abortion ..	..	..	..	..	1
Toxaemia	..	..	..	..	1
? Premature labour	..	..	..	..	1
Premature rupture of membranes	..	..	..	..	2
Antepartum haemorrhage	..	..	..	..	10
Rising blood pressure	..	..	..	..	1
Antepartum haemorrhage and pyrexia	..	..	..	..	1
High head at term	..	..	..	..	1
? Intrauterine death	..	..	..	..	2
Acute depression	..	..	..	..	1
					—
					22

(ii) *In relation to labour*

Premature labour	..	..	..	..	..	3
Delay in 1st stage	..	..	..	..	..	7
Delay in 2nd stage	..	..	..	..	..	7
Prolonged 3rd stage	..	..	..	..	..	2
High head in labour	..	..	..	..	..	1
Excessive vomiting in labour	..	..	..	..	..	1
Breech presentation	..	..	..	..	..	1
Face presentation	..	..	..	..	..	1
Elbow presentation	..	..	..	..	..	1
Foetal distress	..	..	..	..	..	7
Meconium stained liquor	..	..	..	..	..	1
Intrapartum haemorrhage	..	..	..	..	..	4
Maternal distress	..	..	..	..	..	2
Prolapsed cord	..	..	..	..	..	7
Episiotomy for suturing	..	..	..	..	..	3
Perineal tear	..	..	..	..	..	41
Retained placenta	..	..	..	..	..	3
Retained placenta and postpartum haemorrhage	..	..	..	..	..	1
Postpartum haemorrhage	..	..	..	..	..	6
						—
						99

(iii) *Lying-in period*

Acute abdominal pain	1
Diarrhoea and vomiting	1
Emotional upset	1
Offensive lochia	1
Painful breast with pyrexia	2
Pain in chest	1
Painful veins	1
Perineum not healing	1
Pyrexia	12
	<hr/>
	21
	<hr/>

(b) *Baby*

Prematurity	2
Asphyxia	3
Anencephalic baby	1
? Alimentary tract obstruction	1
Cold baby (born before arrival of midwife)	1
? Cerebral irritation	2
Chest infection	3
Jaundice	1
? Gastro-enteritis	1
Sticky eye	4
Thrush	2
Septic spots	2
Rash on buttocks	1
	<hr/>
	24
	<hr/>

15. Care of mothers discharged from hospital during puerperium

During the year mothers were discharged home to the care of the midwife before the 10th day on 700 occasions (compared with 477 in 1963 and 344 in 1962).

The reasons were as follows:—

Originally booked by midwife, but hospital confinement arranged subsequently in view of complications arising during pregnancy	55
Originally booked by midwife but admitted to hospital during labour as a result of complications.. .. .	41
To relieve pressure on hospital beds	596
Compassionate grounds	7
Mother discharged herself against medical advice	1
	<hr/>
	700
	<hr/>

Mothers and babies were discharged to the care of the midwife during the puerperium on 596 occasions in order to relieve pressure on hospital beds. Since April 1964, all hospital booked antenatal patients who are considered to be suitable for early discharge in the absence of complications are referred to the Supervisor of Midwives for a home assessment. A domiciliary visit by a midwife is arranged and a report made to the hospital as to the suitability of the home for the early discharge of mother and baby. This assessment is of value in helping to avoid early discharge to unsuitable homes and in ensuring that the necessary preparations in the home are made.

Since April 313 homes have been visited for the purpose of assessment of which 227 were regarded as suitable for the mother and baby to be discharged early. At the end of December 187 of these patients had been delivered, of whom 143 were regarded as suitable for early discharge. Eighty-nine of these patients were ultimately discharged during the puerperium. A further 10 patients were discharged who had been assessed as unsuitable for early discharge.

The care of these patients in their own home is undertaken by part-time midwives. This prevents undue pressure on the full-time midwives, whilst providing interesting work for the midwife whose domestic commitments may not permit her to give longer hours of service.

16. Postnatal care

Every effort is made to persuade mothers to attend the doctor providing maternity medical service for a postnatal examination. If this is not achieved by three months after delivery (the statutory limit for inclusion of the examination under the Maternity Medical Service) an attempt is made to persuade the mother to come to the local authority antenatal clinic.

With the co-operation of the health visitors a record is kept of the postnatal care of domiciliary cases. At the end of March, 1965, the position was as follows:—

Total confinements	..	..	..	..	567
Postnatal examinations carried out	..	..			469
Postnatal examinations not carried out				..	37
Unknown	..	..	..	..	46
Left Oxford	..	..	..	..	15
					<hr/> 567 <hr/>

Of the mothers in whom the result is known (albeit only according to their own statement) 83% had received a postnatal examination.

17. Training School for Midwives

Part II pupil midwives from the Churchill Hospital continued to receive three months' training with the domiciliary midwives, seven of

whom are approved to act as teachers by the Central Midwives' Board. Since July, the pupils have shared the Central Nurses' Home at 39/41 Banbury Road. Combining the two services in the one building has proved very satisfactory.

In addition to their work on the district pupils attend child welfare clinics, mothercraft classes and also antenatal sessions at doctors' surgeries. During the year 35 pupils were admitted. The C.M.B. Part II examination was taken by 35 pupils, 34 of whom passed at their first attempt and one at her second attempt.

Pupils attended 503 deliveries on the district (included in the table of deliveries attended by domiciliary midwives).

18. Training of medical students in domiciliary midwifery

Medical students from the Radcliffe Infirmary attended 18 domiciliary deliveries during the year, as compared with 19 in 1963 and 12 in 1962.

19. Postgraduate education of midwives

The compulsory quinquennial postgraduate course was attended by the Supervisor in 1964.

Midwives and pupils attend lectures organised monthly by the local branch of the Royal College of Midwives.

III. Institutional Maternity Accommodation

Accommodation was provided by the Nuffield Maternity Home and the Churchill Hospital Maternity Department. Births during the past seven years have been distributed as follows:—

Registered births of Oxford residents occurring in Oxford

	1958	1959	1960	1961	1962	1963	1964
Hospital deliveries	910 63%	928 60%	914 60%	1115 67%	1129 63%	1239 68%	1308 70%
Domiciliary deliveries	535 37%	613 40%	611 40%	552 33%	627 37%	589 32%	551 30%

The number of visits paid by midwives in order to assess the suitability of home conditions for a domiciliary confinement shows a decrease over the past two years, as shown by the following figures:—

1960	367
1961	318
1962	445
1963	530
1964	409

The following table shows the source from which the patients were referred in 1964 and the result of the investigation:—

Source from which patient referred	Nuffield Maternity Home and Churchill Hospital Maternity Department	General practitioners	Total
Recommended for hospital delivery	69	177	246
Home confinements arranged	23	136	159
Unknown	4	—	4
	96	313	409

Home confinements were arranged in 39% of the cases referred compared with 35% in 1963.

IV. Notifiable Infectious Diseases associated with Childbirth

(1) Ophthalmia neonatorum

During the year only one case was notified. This occurred in an institutional confinement.

(2) Puerperal pyrexia

Seventy-eight cases were notified during the year, two occurred in domiciliary confinements.

(3) Pemphigus neonatorum

No case of pemphigus neonatorum was notified during the year.

V. Maternal deaths

One maternal death occurred during the year. This was in a patient aged twenty-seven years. Death was due to shock and haemorrhage as a result of an incomplete abortion. An Inquest was held, when an open verdict was returned. No details of antenatal care were available since the patient had recently moved into the area.

VI. Birth control

A birth control clinic for City patients with medical or social reasons for family limitation continues to be held on a Monday evening at the Radcliffe Infirmary. An arrangement between the Health Department and the Family Planning Association also permits patients from the City to attend their nearest Family Planning clinic. Here they may obtain supervision and supplies, the cost of which is borne by the City. This arrangement has been particularly helpful to residents on the Blackbird Leys Estate, where the Family Planning Association opened a branch clinic in April 1964.

Fifty-eight new patients were accepted and 268 attendances were made at the Radcliffe clinic during the year. At the end of the year 240 patients were on the register. Ninety-six parcels of supplies were sent by post.

Source of new patients referred to Radcliffe and Blackbird Leys clinics

General practitioners	..	..	..	..	..	17
Health visitors	..	..	..	..	..	17
Clinic medical officers	..	..	..	..	..	5
Chest clinic	..	..	..	..	..	2
Prison visitors	..	..	..	..	..	2
Transfers from Family Planning Association clinics	..					15
						—
						58
						==

Medical indications in new patients*(a) Obstetric*

Multiple Caesarean section	..	..	..	..	..	1
Recurrent postpartum haemorrhage			..	..	..	1
Toxaemia of pregnancy	..	..	..	..	..	1
Recent miscarriage	..	..	..	..	..	1
						—
						4
						==

(b) Physical illness

Past history of rheumatic carditis	..	..	..	..	..	1
Past history of luetic infection	..	..	..	..	..	2
Lung resection for tuberculosis	..	..	..	..	..	1
Lung resection for bronchiectasis	..	..	..	..	..	1
Recent operation for hernia	..	..	..	..	..	1
Recent operation for peritonitis	..	..	..	..	..	1
Chronic bronchitis	..	..	..	..	..	1
Hypertension	..	..	..	..	..	1
Pulmonary tuberculosis of husband	..	..	..	..	..	1
						—
						10
						==

(c) Mental illness

Schizophrenia	..	..	..	..	..	1
Depression	..	..	..	..	..	2
Puerperal psychosis	..	..	..	..	..	1
Psychotic child	..	..	..	..	..	1
Mental illness of husband	..	..	..	..	..	2
						—
						7
						==

(d) Social factors

Short birth interval	10
Grand multiparity	5
"Overburdened" mother	5
Problem family	3
Marital discord	2
Return of husband from prison	4
One room accommodation (all immigrants)	8
	—
	37
	==

During the year, 71 patients were discharged for the following reasons:—

No longer wished to attend	15
Medical reasons no longer valid	4
Failure to co-operate	9
Menopause	4
Hysterectomy	2
Ligation of fallopian tubes	3
Death of husband	3
Permanent separation	2
Discharged to care of general practitioner	7
Transfer to Family Planning Association clinic	8
Left the district	14
	—
	71
	==

Patients are always encouraged to return should their circumstances change.

Comments

Oral contraceptives have been available for the second half of the year, in addition to mechanical contraceptives. The former are issued only when the general practitioner has given his consent. Patients are offered a choice of method so that they may select the one best suited to their needs. The "pill" has been of special value to certain patients in whom conventional contraceptives have been unsuccessful in the past. Immigrant mothers, often living in a single room with few amenities and little privacy find oral contraceptives simple and reliable. If it is felt that the instructions given are not fully understood by the patient, the clinic doctor or health visitor visits the patient in her home to help to establish the routine.

During the autumn student health visitors, pupil midwives and medical students have attended the clinics for instruction and for discussion.

Cervical cytology

Any patient over the age of twenty-five is offered this examination for the detection of a pre-cancerous condition of the cervix. All the patients have availed themselves of this offer. A few patients have also visited the clinic to request this investigation and have been accepted. One hundred and eight patients have been screened during the year. The cytological findings were suspicious in six of these patients and repeat smears were taken. Two of these were subsequently referred for cervical biopsy but in neither of them was malignancy confirmed.

During the same period 804 cervical smears were examined from patients attending the three Family Planning Association clinics in the City. Four positive results were obtained.

B. CHILD WELFARE

(including Health Visiting)

I. The Health Visiting Service

1. *Staff*

Full establishment was maintained for ten months of the year. One vacancy existed at the end of 1964, but an appointment had been made for a replacement to commence in January 1965. The increased number of car allowances has enabled greater efficiency of visiting and has probably contributed to the reduced incidence of staff sickness during the year.

The policy of decentralisation has continued so that health visitors may be more conveniently based for their work. At the end of the year only seven of the health visitors, including the Superintendent and her deputy, had their offices at the Health Department. These are health visitors who work with practices in or near to the centre of the City. Regular meetings of the health visitors are held so that each may feel she continues to be a member of a team and may benefit from the mutual exchange of opinions and experience.

The two tuberculosis health visitors have assumed other health visiting duties in addition to their tuberculosis work. Both have appreciated the increased variety which this combination of duties facilitates.

2. Home visits paid by health visitors during the year

The following table shows the visits made during the year:—

To expectant mothers	..	..	..	..	..	1,737
To children born in 1964	..	..	..	..	..	8,175
To children born in 1963	..	..	..	..	..	7,303
To children born in 1959—1962	..	..	..	..	..	12,969
To persons aged 65 years or over	..	..	..	..	..	4,670
To mentally disordered persons	..	..	..	..	..	446
To persons discharged from hospital (other than mental hospitals or maternity homes)	..	..	..	..	..	178
To tuberculous households	..	..	..	..	..	62
To households visited on account of other infectious diseases						245
						<hr/> 35,785 <hr/>

Comments on these figures

(i) All the visits recorded were “effective” visits.

(ii) Visits to expectant mothers are mainly to hospital booked mothers. The number of hospital deliveries of City mothers in 1964 was 1,279, so that 1,737 visits represents a fair coverage.

(iii) There was a slight decrease in the number of visits paid to children under the age of five years—28,447 compared with 29,036.

(iv) Persons aged 65 years or over (988) were visited by health visitors on 4,670 occasions during the year. This represents a further increase over the visiting of the elderly in previous years. The increase is in a large part due to the attachment of health visitors to family doctors, and is to be welcomed. Much valuable work is done in safeguarding the health and welfare of the elderly.

(v) There was an increase in the number of visits undertaken to mentally disordered persons. This is regarded as an indication of the increasingly important role of the family doctor in the care of such patients.

(vi) Comments on the work of the two health visitors who are attached part-time to the Chest Clinic will be found in the Infectious Diseases section of this report.

(vii) It will be seen from the table that other miscellaneous duties include the follow-up of persons discharged from hospital, and the investigation of certain notifiable infectious diseases.

(viii) Health visitors have continued to work as part-time school nurses. Work undertaken in this capacity is described in the Report of the Principal School Medical Officer.

3. General practitioner-health visitor attachment

1964 was the first complete year in which all health visitors were attached to general practitioners. This has continued to be a most

satisfactory and popular method of health visiting which is greatly appreciated by the general practitioners. Visitors to discuss this scheme included representatives from the Ministry of Health, Southend, Norwich Northern Ireland and Sweden. On each of these occasions family doctors and health visitors made valuable contributions to the discussion.

4. Arrangements for health visitors to follow-up persons discharged from hospital

There is frequent contact between hospitals and health visitors. A health visitor attends the paediatric, asthma and diabetic clinics; two rounds of the maternity wards each week, and a monthly session at Littlemore Hospital. This close liaison is of great importance to the subsequent care of the patients.

5. Work at child welfare clinics

One or more health visitors were present at all the 1,605 child welfare clinic sessions, including the 540 sessions restricted to practice patients.

There were two changes of premises in 1964. Clinics were transferred in February from Walton Street to the St. Barnabas baths and library. Two sessions are held each week, one of them being a general practitioner session. The new clinic at Lake Street opened in November, replacing the clinic held at St. Luke's Church Hall, Canning Crescent. The clinic has been built as an extension to the slipper baths and has proved popular with the mothers, who have found it more conveniently placed than St. Luke's. The health visitor has her office at the clinic.

6. Teaching and Health Education

The health visitors take part in the professional teaching which is undertaken by the health department. Practical instruction is given to medical students, student health visitors attending the Oxfordshire County Council's Training School, pupil midwives, student district nurses and nurses in training at the Radcliffe Infirmary. In addition, social science students and nurses from the Nuffield Orthopaedic Centre are given a brief outline of the work of the health visitor.

Health education at individual and group level is undertaken at child welfare clinics and schools. Much valuable instruction is also given in the course of home visits. Other activities are outlined in the Health Education section of this report.

7. Refresher Courses

Two health visitors attended refresher courses during the year. They were asked on several occasions to speak at these courses on the general practitioner-health visitor attachment scheme. These courses

are of value not merely from the academic aspect but also in enabling the health visitors to meet workers from similar and associated spheres. Difference of organisation and attitude are thus appreciated.

One health visitor and a general practitioner from the practice partnership which first initiated health visitor attachment visited Denmark and Sweden in September. This visit, made under the auspices of the World Health Organisation, enabled them to observe public health and general practice in these countries. They were able to discuss with interested colleagues their own experiences of the past eight years.

8. The assisted training scheme for health visitors

All four students who took the 1963/64 course obtained their Health Visitors' certificate in April. Five students commenced the course in September 1964. This was the last course to be run under the auspices of the Royal Society of Health. The Central Council for the Training of Health Visitors will, from September 1965, be the responsible authority.

II. Child Welfare

1. Premature babies

Birth notifications included 126 live born and 21 stillborn infants weighing $5\frac{1}{2}$ lbs. or less, and were subsequently classified as premature. These are notified births corrected for inward and outward transfers. (Corresponding figures for 1963 were 124 live births and 11 stillbirths). They are classified according to weight, place of birth and survival in the accompanying table.

Comments.

(i) The 126 live-born premature babies represent 6.9% of 1,836 notified live births to Oxford residents.

(ii) Twenty-one of the 31 notified stillbirths to Oxford residents were premature.

(iii) Fourteen of the 126 premature live births took place at home. Nine of the 10 nursed at home and 2 of the 4 admitted to hospital survived 28 days. The policy of arranging for as many as possible of premature births to take place in hospital has again been followed with a fair degree of success.

(iv) The arrangements made with the Paediatric Department, Radcliffe Infirmary, for sharing the follow-up of the normal larger premature babies continued satisfactorily throughout the year. This involves ensuring that these babies receive an extra dosage of vitamin supplements in the early months, and an iron preparation throughout the first year of life, supervising their general growth and development, and carrying out routine haemoglobin estimations.

Weight, place of birth and survival of premature babies (corrected notifications 1964).

Weight at birth	PREMATURE LIVE BIRTHS											
	Born in hospital				Born at home				Premature stillbirths			
	Total births				Nursed entirely at home				Transferred to hospital on or before 28th day			
	Died				Died				Died			
	within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days		within 24 hours of birth	in 1 and under 7 days	in 7 and under 28 days	
2 lb. 3 oz. or less ..	3	1	1	1	1	1	—	—	—	—	—	6
2 lb. 4 oz.—3 lb. 4 oz. ..	12	6	2	—	—	—	—	—	—	—	—	4
3 lb. 5 oz.—4 lb. 6 oz. ..	31	2	4	1	2	—	—	—	—	—	—	4
4 lb. 7 oz.—4 lb. 15 oz. ..	20	—	—	—	1	—	—	—	2	—	—	2
5 lb. —5 lb. 8 oz. ..	46	1	—	—	6	—	—	—	—	—	—	3
Total	112	10	7	2	10	1	—	—	4	2	—	19
												2

2. Child Welfare Clinics

(a) Staff

Each clinic is staffed by a medical officer, one or more health visitors and a number of voluntary workers, who give regular and valuable help with clerical work, weighing of babies, distribution of welfare foods, tea making and the supervision of toddlers.

The medical staff is composed as follows:—

Full-time staff of the Health Department	..	..	13 sessions per week
Part-time staff of the Health Department (not in general practice)	..	..	7 sessions per week
General practitioners	..	..	11 sessions per week

(b) Attendances

The attendances at clinics during the year are shown in tabular form. An attendance is recorded only if a child comes for advice, weighing or to see the doctor. Thus attendances merely for obtaining National Welfare Foods are excluded.

Public appreciation of the clinics is shown by the number of City children under 1 year who attended City clinics for the first time during the year. This represents 98% of the total registered live-births.

Comparable figures for the last five years are as follows:—

1960	96%
1961	99%
1962	99%
1963	98%
1964	98%

Comparing the clinic attendances with those for 1963, it will be seen that the total attendances increased by 4,341 and the number of children attending increased by 226.

The number of sessions held during the year numbered 1,605, an increase of 41 compared with 1963. By the end of the year 31 regular sessions were being held, 11 of which were for practice patients only, and attended by the general practitioners concerned. The proportion of clinic sessions undertaken by family doctors and restricted to practice patients has risen from 32% in 1963 to 35% in 1964. There are advantages in this preventive work being undertaken by interested family doctors, and payment is made on a sessional basis.

(c) Medical work at clinics

The medical officers at child welfare clinics continued to keep a record of their work. There were 1,605 sessions at which a doctor was present and altogether children under 5 years of age were seen by a doctor on 22,751 occasions.

	No. of children who first attended and attendance were under 1 year	Number of children who attended and who were born in			Total No. of children who attended during the year	No. of attendances made by children who at their first attendance were			Total attendances	Number of Sessions	Average attendances
		1964	1963	1962-59		Under 1 yr.	1 but under 2 yrs.	2 but under 5 yrs.			
Bury Knowle, Headington	77	75	83	104	262	1,158	233	286	1,677	53	31.64
Bury Knowle, Headington (General Practice clinic)	110	90	78	92	260	1,430	197	316	1,943	52	37.36
Barton	55	55	65	62	182	953	226	89	1,268	53	23.92
Cowley (2 clinics weekly)	157	122	155	206	483	2,034	571	403	3,008	98	30.69
Cowley (General Practice clinic)	38	33	25	51	109	449	133	150	732	53	13.81
East Oxford (2 clinics weekly)	208	167	173	117	457	2,407	576	330	3,313	98	33.80
New Hinksey	72	72	83	107	262	1,092	460	275	1,827	52	35.13
St. Ebbe's (2 clinics weekly)	110	78	104	113	295	1,539	373	289	2,201	98	22.46
Summertown (2 clinics weekly)	146	144	134	149	427	1,855	397	243	2,495	105	23.76
Summertown (General Practice clinic)	83	65	83	127	275	878	222	265	1,365	53	25.75
Slade Park (2 clinics weekly)	105	96	111	204	411	1,566	459	499	2,524	105	24.04
New Marston	51	44	60	67	171	844	320	159	1,323	53	24.96
Wolvercote	29	29	38	58	125	518	222	138	878	53	16.47
Donnington (2 clinics weekly)	113	103	133	179	415	1,847	530	474	2,851	105	27.15
Donnington (General Practice clinic)	62	61	73	66	200	824	218	92	1,134	50	22.68
St. Barnabas (2 clinics weekly—General Practice session commenced 16.9.64)	105	97	104	103	304	1,444	312	251	2,007	101	19.87
Northway	53	48	66	131	245	992	244	176	1,412	53	26.64
Rose Hill Community Centre	29	29	22	74	125	404	135	217	756	53	14.26
Blackbird Leys	84	82	90	96	268	1,150	299	343	1,792	53	33.81
Blackbird Leys (General Practice clinic A)	52	52	59	169	280	757	245	309	1,311	52	25.21
Blackbird Leys (General Practice clinic B—2 clinics weekly)	106	106	104	328	538	1,412	452	579	2,443	106	23.05
217 Iffley Road (General Practice clinic)	44	44	31	38	113	746	225	128	1,099	53	20.73
12 Old High Street, Headington (General Practice clinic)	39	38	60	93	191	567	277	219	1,063	53	20.00
	1,928	1,730	1,934	2,734	6,398	26,866	7,326	6,230	40,422	1,605	25.18

The following figures indicate the attendances made by children (included in the above table) who lived in the County. The majority of the children attended the Slade Park and Barton clinics. Oxfordshire County Council contributed on a proportional basis to the running expenses of these clinics.

95 93 100 123 316 1,178 266 173 1,617

The following table gives a summary of the reasons for which they were seen by a doctor:—

Vaccination against smallpox (performance or follow-up)	2,294	} 50%
Triple antigen injections	5,046	
Other prophylactic injections	574	
Poliomyelitis vaccination	4,288	
Routine medical inspections—		
Initial	1,627	} 20%
1st year	1,240	
2nd year	852	
3rd year	597	
4th year	388	
Consultation in relation to a problem	5,627	} 30%
Follow-up of consultation	1,657	

(An individual consultation may figure in more than one category; for example a child may come for a routine medical examination and be immunised at the same time).

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

	<i>Consultation</i>	<i>Follow-up</i>
Problems related to feeding and weight gain (excluding cases due to physical illness)	814	302
Fitness for prophylactic procedures	534	28
Physical illness	2,677	492
Physical defects (including sensory)	716	646
Psychological disturbance	192	27
Developmental progress	203	56
Prematurity	50	80
Mother's health	389	18
Miscellaneous	402	59
	<hr/>	<hr/>
	5,977	1,708
	<hr/>	<hr/>

The following table shows the number of children who were referred elsewhere for treatment:—

Family doctor	226
*Orthopaedic department	7
*Eye hospital	6
*Other hospital departments	35
	<hr/>
	274
	<hr/>

*In these cases the family doctor is always informed of the referral and the consultant's findings.

Comments

There was an increase in the number of occasions on which children were seen by a clinic medical officer as compared with the previous year. This increase occurred in every aspect of the medical work at the clinics. The increase in smallpox vaccinations is accounted for by the change in policy regarding the optimum age for vaccination made last year, with a consequent accumulation of children for vaccination at the end of their first year. It is pleasing to report an increase in the number of triple antigen injections given. The number of doses of poliomyelitis vaccine given has changed only slightly.

The number of routine medical inspections has increased again this year. The number of first birthday examinations represents 67% of the registered live births in 1963—an increase of 5% over 1962, but still shows room for improvement. The conditions found at these yearly inspections are no longer recorded. The value of the examination has been most definitely established over the years.

An increased number of consultations was sought by mothers. This is partly accounted for by the fact that a further general practitioner session was started during the year and mothers are always encouraged to seek directly the advice of their family doctor in the event of a child's illness. The clinic work sheet was altered this year so that the tabulation of the problems for which mothers sought advice presents a more composite picture.

The number of children referred elsewhere for treatment shows only a slight increase, chiefly in the number of children referred directly to a hospital department. This is again partly a reflection of increased general practitioner clinic sessions since local authority medical officers adopt the policy of referring all but the most urgent cases to the family doctor.

Tuberculin jelly testing

Throughout the year routine jelly testing was carried out at each birthday examination, except in children who have been given B.C.G. because of known contact with cases of tuberculosis. Positive reactions were found in 0.28% of the children tested.

Figures from 1954 are as follows:—

1954	0.54%
1955	0.10%
1956	0.12%
1957	0.12%
1958	0.06%
1959	0.13%
1960	0.29%
1961	0.42%
1962	0.33%
1963	0.22%
1964	0.28%

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ..	45	1001	651	504	319	2,520
Positive reaction ..	—	1	1	4	1	7
Totals	45	1002	652	508	320	2,527

Comments

Mantoux or Heaf tests were undertaken in all 7 cases, and in 4 gave confirmatory evidence of tuberculous infection. This gives a rate of 0.16% of confirmed positive reactions, as compared with 0.13% in 1963. The remaining 3 cases were dismissed as false positive jelly tests.

Notes on confirmed positive reactors

Case 1.

Girl aged 3 years. This child was clinically well and an X-ray of the chest revealed no abnormality but in view of her age chemotherapy was given. A paternal aunt had had tuberculosis some time previously and the child's father had a positive tuberculin test, but a normal chest X-ray. No other contact was found.

Case 2.

Boy aged 2 years. This child was clinically well and had a normal chest X-ray. Chemotherapy was prescribed in view of his age. There was a history of tuberculosis in two paternal great-aunts, who had died as a result of this some years previously. The child's father had a primary tuberculous complex treated with chemotherapy in 1958 and 1959, but was not thought to be the source of the infection. Both maternal grandparents had had tuberculosis some years ago but recent chest X-rays were satisfactory. No other contact was found. The child had not had B.C.G. since the chest clinic was not notified of his birth.

Case 3.

Boy aged 1 year. This child, who was clinically well and with a normal chest X-ray, was given chemotherapy in view of his age.

The source of the infection has not been determined.

Case 4.

Girl aged 3 years. This girl had a normal chest X-ray and was clinically well. Chemotherapy was instituted in view of her age.

A maternal great-uncle had had tuberculosis some years ago but was not thought to be the source of the child's infection. Efforts to trace the source of infection were unsuccessful.

Loan of test feeding scales

Accurate scales are loaned to mothers with breast feeding problems for use at home at the request of general practitioners, clinic doctor, health visitor or midwife. This occurred on 54 occasions in 1964.

(d) Food and medicaments

National Welfare Foods are distributed during office hours at a central distribution centre at the Health Department as well as at every child welfare clinic except St. Ebbe's clinic, which is served by the nearby central centre.

The number of items distributed during the year (with 1963 figures for comparison) were as follows:—

	At Health Department		At Clinics		Total	
	1963	1964	1963	1964	1963	1964
Tins of National Dried Milk	8,685	8,458	22,445	24,776	31,130	33,234
Bottles of National Cod-liver Oil Compound...	607	488	2,415	2,428	3,022	2,916
Bottles of Concentrated Orange Juice ...	8,628	8,662	24,885	28,444	33,513	37,106
Packets of Vitamin and Mineral tablets ...	928	739	1,903	1,511	2,831	2,250
	18,848	18,347	51,648	57,159	70,496	75,506

(These figures do not include items issued to hospitals and other institutions.)

Every effort is made by clinic doctors and health visitors to ensure a vitamin intake which is adequate on the one hand, and not excessive on the other. Ascorbic acid tablets are available if there is an intolerance to concentrated orange juice and the alternative proprietary preparations, and where families are in poor financial straits. These and Vitamin A and D drops are also given routinely to premature infants without charge.

(e) Teaching

Medical students from the Radcliffe Infirmary, during their paediatric training attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. The visits are preceded by two lectures on infant feeding given by the Senior Assistant Medical Officer for Maternity and Child Welfare.

General practitioners attending post-graduate courses organised by the Post-Graduate Medical School, also attend child welfare clinics.

Student health visitors, pupil midwives and student district nurses attend for instruction in child care.

Opportunity for discussing problems and keeping in touch with current paediatric practice is provided by the post-graduate paediatric ward rounds which medical officers may attend on Saturday mornings.

III. The early diagnosis of deafness

The early diagnosis and treatment of deafness is of the utmost importance for normal speech development and for the prevention of psychological disturbance. Health visitors are responsible for ensuring that all children in their care are screened for possible impairment of hearing between 7 and 12 months. Children with suspected deafness are referred to the clinic medical officer for confirmation and hospital consultation.

1964 was the first complete year during which this scheme was in operation. Health visitors tested 1,097 children aged 7—12 months and 72 aged 12—18 months. None of the children in this age group required further investigation.

There were, however, 10 children in the older pre-school age group in whom the suspicion of deafness required their being referred for further assessment and treatment. These children had either speech defects or were thought by their parents to have hearing difficulties.

No hearing aids were required to be supplied during the year.

IV. Register of handicapped pre-school children

Since June 1954, the Senior Assistant Medical Officer for Maternity and Child Welfare has kept a register of handicapped pre-school children. Initial notification is done by the health visitor and the progress and needs of each case are discussed at intervals by the Senior Assistant Medical Officer and the health visitors concerned. It is hoped that in this way the Department's contribution to providing support for the parents of the children can be ensured.

Information about the children is passed to the School Health Service or to the Mental Welfare Section when it becomes clear that some special action will have to be taken. In this way it is hoped to ensure that no handicapped child reaches school age without previous assessment of his special needs.

During the year 25 new cases were registered, the nature of the handicap was as follows:—

Mental retardation or disease	..	..	..	12
Congenital abnormalities	..	..	..	5
Ophthalmic disease	..	..	..	4
Neurological disease	..	..	..	3
Respiratory disease	..	..	..	1

At the end of the year there were 65 children on the register.

Of the 62 children receiving adequate care at home 2 attended the Spastic Day Centre and one attended the Park Hospital daily. The 3 children were away at the Special Unit, Marlborough Convalescent Home. Four handicapped children died during the year.

V. Notification of congenital abnormalities

The notification of congenital abnormalities observable at birth commenced, on a voluntary basis, in January 1963 and has been compulsory since 1st January, 1964. All birth notification cards provide information as to the presence and type of any congenital abnormality in the infant and the age and parity of the mother. These abnormalities are classified by the Health Department, according to the Registrar General's classification to whom a monthly return for each separate infant is made.

The total number of infants notified in 1964 was 36, an incidence of 19.3 malformed infants per thousand total births. The number of abnormalities present was 46, an incidence of 24.6 per thousand total births. These abnormalities occurred in 17 live-born and 5 stillborn male infants and in 7 live-born and 7 stillborn female infants.

Thirteen of the infants were premature, 2 others were not weighed.

The distribution of the abnormalities was as follows:—

Central nervous system	..	..	..	..	11
Eye and ears	..	..	..	..	—
Alimentary system	..	..	..	..	6
Heart and great vessels	..	..	..	..	3
Respiratory system	..	..	..	..	1
Uro-genital system	..	..	..	..	8
Limbs	..	..	..	..	8
Other skeletal	..	..	..	..	2
Other systems	..	..	..	..	6
Other malformations	..	..	..	..	1

The age and parity of the mothers were as follows:—

<i>Age</i>					<i>Number of abnormal infants</i>
15—19 years	..	..	..	..	4
20—24 years	..	..	..	..	10
25—29 years	..	..	..	..	11
30—34 years	..	..	..	..	6
35—39 years	..	..	..	..	2
40—44 years	..	..	..	..	3

<i>Parity</i>						<i>Number of abnormal infants</i>
0	..	..	..	..	..	13
1	..	..	..	..	..	10
2	..	..	..	..	..	3
3	..	..	..	..	..	3
4	..	..	..	..	..	2
5	..	..	..	..	..	1
6	..	..	..	..	..	1
7	..	..	..	..	..	1
10	..	..	..	..	..	1
11	..	..	..	..	..	1

Early knowledge of these children helps in the planning of their long-term care and in the provision of parent guidance. The system would also serve to highlight any increased incidence of abnormalities and of specific defects. Prior to 1963 a register had been kept in Oxford for all major abnormalities knowledge of which was obtained from hospital reports, health visitors' records and child welfare clinics. The notification of these abnormalities on the birth notification card is of great value in registration.

VI. Infant deaths in 1964

CAUSES OF DEATH	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
Atelectasis	1	—	—	—	1	—	—	—	—	1	1
Atelectasis and prematurity	1	—	—	—	1	—	—	—	—	1	1
Secondary atelectasis, prematurity and twin pregnancy	1	—	—	—	1	—	—	—	—	1	1
Extreme immaturity	1	—	—	—	1	—	—	—	—	1	1
Extreme prematurity	4	—	—	—	4	—	—	—	—	4	4
Prematurity	5	—	—	—	5	—	—	—	—	5	5
Prematurity, twin pregnancy	1	—	—	—	1	—	—	—	—	1	—
Prematurity, septicaemia	1	—	—	—	1	—	—	—	—	1	1
Prematurity, heart failure, maternal thyrotoxicosis	1	—	—	—	1	—	—	—	—	1	1
Prematurity, intraventricular haemorrhage, hyaline membrane disease	1	—	—	—	1	—	—	—	—	1	1
Prematurity, respiratory distress syndrome, intrapartum asphyxia	1	—	—	—	1	—	—	—	—	1	1
Intracranial haemorrhage	1	—	—	—	1	—	—	—	—	1	1
Congenital heart disease	1	—	—	—	1	1	—	—	—	2	2
Respiratory distress	1	—	—	—	1	—	—	—	—	1	1
Respiratory distress, heart failure, Rh. incompatibility	1	—	—	—	1	—	—	—	—	1	1
Erythroblastosis foetalis	1	—	—	—	1	—	—	—	—	1	1
Inhalation of vomitus	—	—	—	—	—	1	—	—	—	1	1
Generalised sepsis, umbilical infection, gastro-enteritis	—	1	—	—	1	—	—	—	—	1	1
Intestinal obstruction, ileal atresia	1	—	—	—	1	—	—	—	—	1	1
Anencephaly	1	—	—	—	1	—	—	—	—	1	1
Hydrocephalus, bronchopneumonia	—	—	—	—	—	1	—	—	—	1	1
Encephalopathy due to acute bilateral broncho-pneumonia	—	—	—	—	—	—	—	—	1	1	1
Aspiration of vomit due to acute bronchitis	—	—	—	—	—	—	1	—	—	1	—
Acute bronchiolitis	—	—	—	—	—	1	1	—	—	2	—
Viral myocarditis	—	—	—	—	—	—	—	1	—	1	1
	25	1	—	—	26	4	2	1	1	34	30

Comments

There were 34 infant deaths in 1964, 3 occurring at home and one child found dead on arrival at hospital. This represents an infant mortality rate of 18.16 as compared with the national figure of 20.0.

Twenty-five or 73% of these deaths occurred in the first week of life.

Prematurity was the sole recognised factor in 11 of the deaths, all of which occurred in the first week of life. It was a contributory factor in 6 further early neonatal deaths in which additional factors were atelectasis (2), septicaemia (1), intraventricular haemorrhage and hyaline membrane (1), respiratory distress syndrome (1), and heart failure (1).

Gross congenital malformations were present in 5 of the infants, 3 of whom died in the neonatal period. Prematurity and congenital malformations were therefore directly responsible for or major contributory factors in 64% of the infant deaths. Further research into the aetiological factors concerned in these two conditions would be a major contribution to a reduction in this infant loss.

Two children died in the neonatal period as a result of the respiratory distress syndrome. One of these also had haemolytic disease of the newborn due to Rhesus incompatibility. A further child died with severe erythroblastosis foetalis due to this incompatibility. One child died after one hour as a result of atelectasis. Intracranial haemorrhage caused the death at thirteen hours of an infant who had been born at home before the arrival of the midwife. Death occurred in one four-week old child due to inhaled vomitus.

Six infants died as a result of acute infections. One of these deaths occurred in the neonatal period following an umbilical infection, gastroenteritis and septicaemia. Viral myocarditis caused the death of a seven-month old child. Acute chest infections were the cause of death in the remaining 4 infants, one of whom was a mentally retarded child who was on the handicapped children's register. This represents a considerable improvement on the 8 deaths from acute bronchiolitis report in 1963 but such a variation from year to year may be expected.

VII. Nurseries

(a) Day nurseries

The two day nurseries continued to admit children under the age of three years who cannot be cared for adequately by their mothers owing to some special hardship.

The decision to admit a child is the responsibility of one of the assistant medical officers who investigates the case fully and sanctions admission only if it is considered to be in the best interest of the child.

Reasons for admission of new children were as follows:—

			<i>Botley Road</i>	<i>Florence Park</i>
Doctor's recommendation	..	..	2	3
Illegitimate children	..	..	15	10
Illness of parent	..	..	3	4
Parent separated	..	..	9	6
Housing conditions	..	..	3	—
			—	—
			32	23
			==	==

Details of attendances and staff during the year are given in the following table:—

	No of places available at end of year	No. of admissions during year		No. on register at end of year		Average daily attendance		Number of staff at end of year
		Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	Under 2 yrs.	Over 2 yrs.	
Botley Road	30	22	10	14	11	13.67	9.59	4
Florence Park	30	18	5	14	14	13.35	10.49	4

Comments

The nurseries are visited weekly by the same assistant medical officer of health who supervises the health and welfare of the children, and, with the written consent of the mother, carries out any immunisation procedures which may be advisable.

The maximum charge for a child's maintenance at the nursery was 15/- per day. Parents are assessed according to income, subject to a minimum charge of 2/- per day.

The following table shows the assessments for children on the register at 31st December, 1964:—

<i>Assessed to pay</i>			<i>Botley Road</i>	<i>Florence Park</i>
15/- per day (maximum)	..	..	4	2
12/6 to 5/- per day	..	..	3	4
4/11 to 2/1 per day	..	..	5	6
2/- per day (minimum)	..	..	12	13
†Children from other local authorities	..	..	1	3
			—	—
			25	28
			==	==

†In these cases the County authority is responsible for payment of the full cost.

Both nurseries provide facilities for students attending the Education Department's course for the National Nursery Examination Board Certificate.

(b) Nurseries and Child Minders Regulation Act, 1948

Details of registration under the Act are shown in the following table:

	Number registered at 31.12.63	Number of children pro- vided for
Premises	7	185
Daily minders ..	4	45

(c) Slade Park Playgroup

A playgroup for the children in the Homeless Families Unit and the huts of Slade Park commenced in October. This is held for two hours on five mornings in the week in the child welfare clinic. The staff of the playgroup consists of an organiser and a team of voluntary workers. The organiser is employed by the Save the Children Fund.

There have been 28 children on the register since October—all between the age of 2 and 5 years. The number attending varies daily from 4—14. Six of the children have been rehoused, one has gone to school and 4 are in Windmill House.

The advantages for the children to meet and play together in a happy, secure and well regulated atmosphere are great. The playgroup has succeeded in supplying their need for this and has been greatly appreciated by the parents.

VIII. Co-ordinating Committee for children neglected or ill-treated in their own homes

The Committee, under the Chairmanship of the Children's Officer, met every six weeks during the year and a total of 55 families were discussed, many on several occasions. In addition, case conferences of the individual workers concerned, including the family doctor and health visitor, were held on a number of occasions.

The meetings are of value in permitting members to pool information and agree on future policy. Wherever possible, co-ordinated action is aimed at obtaining the most effective help and guidance for the family under review.

IX. Adoption Act 1958 (Dr. Blenkinsop)

During the year 28 babies were examined on behalf of the Oxford City Children's Department prior to placement for adoption (24 in 1963). The examination and assessment of very young babies is a difficult procedure requiring considerable skill. It is desirable to have detailed information about the mother and father, the pregnancy, birth of child, and its subsequent progress. Even with this information it is considered that the earliest satisfactory age to conduct an examination prior to placement is six weeks. Where there are untoward features in the history,

for example, prematurity, difficult delivery, or illness in the neonatal period, accurate assessment cannot be made until much later, usually at seven or eight months of age. From other points of view it is usually best to place babies with prospective adopters at as early an age as possible. It can be seen, therefore, that there are often conflicting interests to be taken into account and reconciling them is sometimes a problem of some difficulty.

A member of the Health Department serves on the Adoption Sub-Committee of the Children's Department in order to advise on medical matters. During June a one-day meeting of the medical group of the Standing Committee of Societies Registered for Adoption was attended in London. The proceedings were stimulating and of considerable interest.

When considering the suitability of prospective adopters it is important to be fully acquainted with the couple's medical history as this may reveal certain physical or psychological abnormalities which make placement undesirable. In order to obtain as much information as possible a new medical enquiry form was introduced during the year. The new form calls for information in some detail and it is hoped that family doctors will co-operate by giving this matter the attention and consideration which it so rightly deserves. Results so far are encouraging and indicate that the new enquiry form is working well.

X. Care of illegitimate children

There were 219 registered illegitimate live-births to Oxford residents in 1964. This represents 11.7% of all live-births compared with 8.9% in 1963 and 9.3% in 1962.

Of the 190 illegitimate births which occurred in the City, there were 65 cases in which the father and mother registered the birth together—so that in a fair proportion of cases the parents may be said to be living in "stable union". The help of the social services is particularly needed by the woman without support, especially the very young girl whose extreme youth makes her incapable of supporting a child or appreciating the responsibility of motherhood.

The City Council, aware of the dangers inherent in such a situation for both mother and child, provides a mother and baby hostel for homeless unmarried mothers and assists financially in the provision of a special worker. The Children's Department also makes a major contribution in this field.

(i) Mother and Baby Hostel

The hostel admits mothers in pregnancy when the need arises. They have their babies in hospital and return to the hostel where they remain until the baby is established and a plan for its future made.

Cases are admitted at the request of other local health authorities when vacancies permit. In fact 23 such cases were admitted in 1964.

There is an annexe, consisting of a single room with toilet facilities in which a homeless woman, with or without a baby can be given overnight accommodation. There were 5 admissions to the annexe during the year.

Admissions and discharges during the year (excluding the annexe) were as follows:—

	<i>Admissions</i>					<i>Discharges</i>
Mothers	52	54
Babies	39	42
The average length of stay was as follows:—						
Antenatal	43 days	
Postnatal	34 days	

The disposal of the 30 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. own home, resident post, marriage, etc.) ..	15
Mother to lodgings, baby to foster home pending adoption ..	4
Mother to lodgings, baby foster to home	3
Mother to lodgings, baby taken into care by Children's Department	3
Mother to own home, baby to foster home	2
Mother to own home, baby to residential nursery	2
Mother to hostel, baby taken into care by Children's Department ..	1
	—
	30
	—

(ii) Provision of a special social worker

The City Council pays an annual grant to the Oxford City Moral Welfare Association (£400) for the services of their moral welfare worker, who works in close co-operation with the Health Department and attends the monthly meetings of the House Committee which administers the hostel. We are grateful for the following report submitted by the worker, Miss C. C. Holman, for 1964:—

There were 85 new cases this year, 65 maternity and 20 in other categories. 57 old cases, 51 of them maternity, were still being helped.

Visits: 1,061. Office interviews: 908. Letters Written: 1,230.

The new cases were referred by:—

General Practitioners	26
Health Department	23
Relatives, friends, and personal application ..	10
Citizens' Advice Bureau	6
Almoners	4
Employers	4
Moral Welfare Workers	3
Police	3

Children's Department	2
Probation Officers	2
Clergy	1
National Assistance Board	1

Analysis of Illegitimacy cases

The ages of the mothers when referred were:—

15 years	2
16 „	5
17 „	6
18 „	8
19 „	8
20 „	7
21—30 years	25
Over 30 years.. .. .	4

Employment

Clerical	17
Factory	9
Domestic	8
Students (full-time)	8
Nursing	5
Shops	5
Miscellaneous	3
Unemployed	10

The term “student” includes, as well as undergraduates or post-graduates, those doing full-time studies in teaching, nursing, physiotherapy and commercial training.

Nationality

Four West Indian, 1 each, German, Austrian, Italian. The rest were British.

Marital status

Single	58
Married	3
Divorced	4

Domicile

In Oxford City	40
From other areas	25

Twelve went to the City Mother and Baby Hostel or are booked to go in 1965. Eleven went to Moral Welfare Homes in other areas where they or their parents took full financial responsibility.

The putative fathers

I contacted the putative father whenever the expectant mother was willing and when he could be found. This I succeeded in doing in 25 cases. The majority of these accepted some financial responsibility for the child.

Analysis of the situations of the children concerned in the new and old Illegitimacy cases—total 116

In mother's care	.. .. .	58
Mother responsible and has access to child	.. .. .	9
Adopted or placed for adoption	.. .. .	27
Mother advised and helped and case passed on, or mother left area		10
Miscarriage	.. .. .	1
Cases still in hand, either child not born, or with mother in a Home		11

Maintenance account

The sum of £1,592 14s. 11d. was paid in during the year.

The sum of £1,546 16s. 10d. was paid out during the year.

In hand—due to clients: £193 9s. 4d.

Owing to us from clients: £17 5s. 3d.

This money is (a) received from Voluntary Societies giving grant aid to mothers bringing up an illegitimate child and disbursed through this office.

(b) Payments from putative fathers.

Preventive and Family cases

8 preventive

12 family cases.

Most of these entailed visiting and interviewing over several months, and 5 of them will be carried over into 1965. It must be accepted that the personality problems in many of these cases are long-standing and that often no more than a limited ability to deal with their problems is achieved. Nevertheless I believe this work to be very worthwhile.

I addressed 14 meetings during the year, including youth groups and students as well as adult groups.

In addition to the regular meetings of the Moral Welfare Association, I have attended the regular committee meetings at the City Mother and Baby Hostel and given a case report, also meetings of the Co-ordinating Committee as set up by the local authority and certain staff meetings at the Health Department. From time to time I have attended meetings arranged by the Diocesan Moral Welfare Council, including Adoption Committee meetings and case conferences.

I should like to express my thanks for much voluntary help in practical matters from members of my committee and others.

The foster-mothers who care for babies during the pre-adoption weeks have ensured a good start in life for a number of babies whose mothers felt unable to care for them themselves.

I wish also to express my thanks to Mrs. Williamson whose help in the office has often gone well beyond the clerical duties for which she was responsible.

SECTION VI

MATERNITY AND CHILD WELFARE DENTAL SERVICE

The inspection and treatment figures for 1964 show that almost the same proportion of patients examined at the clinic needed treatment as in previous years and each, on the average, the same amount of attention. Though these statistics do not indicate an improvement in dental health, it would appear that in Oxford the condition of the teeth of the priority group comprising expectant and nursing mothers and children under the age of five years is, at least, not deteriorating. This should encourage efforts to persuade more parents to seek advice from a dentist at least once every six months as soon as their children reach the age of three years. When the habit of regular dental examination of infants is firmly established as a health routine, a really important advance in dental health will be achieved. Progress in the right direction is undoubtedly being made and parental appreciation of the importance of conserving a child's temporary teeth until they are due to be shed naturally is far more widespread than even a few years ago. It is, for example, now extremely rare for Oxford parents to refuse to have their children's teeth temporary or permanent, filled, so this particular prejudice against dental treatment is clearly much less prevalent than it used to be. The dental clinic will continue to give first priority to this group of children.

(a) Number of patients provided with dental care

	Examined	Needing Treatment	Treated	Made dentally fit
Expectant and nursing mothers	5	5	5	4
Children under five	26	16	16	16

(b) Forms of dental treatment provided

	Extractions	General anaesthetics	Fillings	No. of inlays	No. of crowns	Scalings and gum treatment	Radio-graphs	Silver nitrate treatment	Dentures	
									Complete	Partial
Expectant and nursing mothers	2	—	3	—	—	3	—	—	—	—
Children under five	1	—	22	—	—	—	—	4	—	—

SECTION VII

MENTAL HEALTH

Report by H. H. JOHN, M.B., B.Ch., D.P.H., D.C.H., D.R.C.O.G.
Deputy Medical Officer of Health

1. Administration

(a) Mental Health Sub-Committee

The Constitution of the Mental Health Sub-Committee of the Health Committee, which meets monthly, consists of 11 members of Council and 3 co-opted members.

(b) Staff

(i) *Medical*

The Medical Officer of Health has delegated to his Deputy the day-to-day supervision of the Section and the Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

(ii) *Non-Medical*

- 1 Senior Mental Welfare Officer (male).
- 1 Senior Assistant Mental Welfare Officer (female).
- 2 Mental Welfare Officers (2 male).
- 1 Trainee Mental Welfare Officer (female).
- 1 Administrative Assistant (male).
- 1 Clerical Assistant (female).

The Mental Welfare Officers supervise both subnormal and mentally ill patients and help them to achieve as full a life as possible within the community. An officer is always available to deal with emergencies.

In order to contend with the increasing volume of work, it was agreed at the end of the year to increase the establishment to 3 Mental Welfare Officers, and 2 Trainees. Trainee appointments are necessary because of the general shortage of trained officers. The Trainees will be seconded to attend the two-year course leading to the Certificate of the Council for Training in Social Work. In this way it is proposed to build up a highly trained team of social workers. The two additional posts were filled early in 1965.

(c) Co-ordination with Hospitals

Co-ordination with the hospitals is achieved by common membership of the Mental Health Sub-Committee and the Hospital Management Committees of Littlemore and the Warneford and Park Hospitals.

In addition, Mental Welfare Officers are invited to attend case conferences, outpatient clinics and clinical meetings at the local hospitals, and work closely with the hospital staff in the care of patients.

(d) Duties delegated to Voluntary Associations

No duty of the local authority has been delegated to voluntary associations. However, the various associations undertake a great deal of valuable work in the City. Reference to these is made in another section of the report.

(e) Training of Mental Welfare Officers

Attention has been drawn to various aspects of training in the preceding paragraphs. Staff are also encouraged to attend conferences and meetings of professional workers in order to keep abreast with contemporary thought.

2. Account of work undertaken in the Community

A. Under Section 28, National Health Service Act, 1946

Prevention, care and after-care.

The scope of this work is increasing steadily as a result of the greater emphasis on community care brought about by the Mental Health Act 1959. At the request of the family doctor, the mental welfare officers visit patients in their homes to establish friendly relations and to estimate the extent and nature of the help required. Should the patient be admitted to hospital the previous establishment of a good relationship with the mental welfare officers is of great value when the patient is discharged and in need of further assistance. The amount of supervisory work increases both because persons mentally ill are now treated as out-patients and because of the much more rapid turnover of patients admitted to hospital. Earlier and more effective treatment in hospital is lessening the need for prolonged care, and the active rehabilitation of the long stay patients is making an increasing number of them fit for care in the community. Responsibility for this care is divided between the hospital psychiatric social workers and the local authority mental welfare officers at the discretion of the psychiatrist according to the type of case involved.

B. The Mentally Ill

(i) Patients admitted and discharged from Hospital.

Admissions	1962	1963	1964
Section 25 (admission for observation on 2 medical certificates)	46	72	56
Section 26 (admission for treatment on 2 medical certificates)	8	5	6
Section 29 (emergency admission on 1 medical certificate)	60	76	81
Section 60 (admission via a court of assize or quarter sessions)	2	2	3

Section 65 (court order restricting discharge)	1	1	—
Section 71 (custody during Her Majesty's pleasure)	1	—	—
Informal	415	511	485
	<hr/>	<hr/>	<hr/>
	533	667	631
	<hr/>	<hr/>	<hr/>

There was a slight reduction (5.4%) in the number of City patients (631) admitted to hospital with a psychiatric disorder, as compared with 1963. Informal and Compulsory admissions have both shown a proportionate decline, so that there has been virtually no change in the proportion of compulsory admissions. This was 23.1% compared with 23.3% in 1963. The sharp increase in 1963 of both categories of patient has thus been partly reversed.

It is reported that 69 (11%) of the 631 City patients admitted during the year had been in hospital in the preceding 12 months. There was thus little change over the previous year when there were 12% of patients in this category.

Discharges

A total of 623 patients (including 40 deaths) were discharged from hospital during the year, and as 631 patients were admitted in the period, there has been very little change in the size of the psychiatric hospital population.

(ii) Old Age and Mental Illness

There has been little change in the number of admissions of persons over the age of 60 years. In fact, 98 (58 women and 40 men) persons in this age group were admitted in 1964 as compared with 102 in 1963. These included 13 (13.3%) who had been discharged from hospital within the preceding 12 months. The proportion of re-admissions was almost the same as that (14%) in 1963.

It will be seen from the accompanying table that admissions were spread fairly evenly throughout the year.

Monthly Admissions

Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
5	11	5	10	7	7	7	10	10	10	7	9

The elderly patients fall into the following age groups.

		Number of Admissions						
		1958	1959	1960	1961	1962	1963	1964
60 to 69 years	..	27	35	23	35	49	40	39
70 to 79 years	..	42	26	24	20	34	38	37
Over 80 years	..	11	17	5	6	23	24	22
		<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
		80	78	52	61	106	102	98

It is understood that all long term elderly patients who require and have been considered suitable for Part III Accommodation have now been absorbed into the City's Old People's Homes. It is pleasing to find that these former hospital in-patients have settled happily into the Homes and have not given rise to any difficulties in relation to the other residents.

(iii) Supervision.

In the course of the year 164 mentally ill patients and 8 psychopaths were referred to the Mental Health Section from hospitals, family doctors and other sources. There were altogether 266 mentally ill patients and 5 psychopaths under the supervision of Mental Welfare Officers at the end of the year.

C. Subnormality

(i) Ascertainment

During the year 37 new cases came under supervision. Fourteen were referred by the Education Committee in order to secure supervision on leaving school (10), or admission to the Training Centre (4). Other cases were referred by the Children's Officer (3), hospital departments (3), Youth Employment Officers (2), and the Disablement Resettlement Officer (1). A further 12 cases were referred by the former local health authority following removal to Oxford, and the remaining 2 from miscellaneous sources.

At the end of the year these cases were placed as follows:—

Working	15
Training Centre	12
Hospital	4
Unemployed at home	4
Left district	2
	—
	37
	==

There were 2 children and 5 adults on the waiting list for institutional accommodation at the end of the year. Comparable figures for preceding years are given in the accompanying table. The welcome reduction is due to the admission of 3 of the children to hospital and 2 to St. Nicholas House, and to the withdrawal of one child.

	1957	1958	1959	1960	1961	1962	1963	1964
Children under 5	1	1	3	2	1	2	2	—
Children 5—15	3	3	2	6	5	5	6	2
Adults	7	6	7	9	7	5	5	5
	—	—	—	—	—	—	—	—
	11	10	12	17	13	12	13	7
	==	==	==	==	==	==	==	==

(ii) Supervision

At the end of the year 184 subnormal persons (46 under and 138 over the age of 16) were under informal supervision of Mental Welfare Officers.

(iii) Guardianship

5 cases remained under guardianship. Of these, 3 were in the care of the Brighton Guardianship Society, one was in employment in Bucks, and the remaining one was working at a local hospital.

(iv) Discharges of Subnormal Patients

One patient died during the year.

(v) The Mabel Prichard Training Centre

At the end of the year there were 74 children and adults attending the Centre. These included 1 from Berks. and 10 from Oxfordshire. The age and sex distribution was as follows:—

			<i>Male</i>	<i>Female</i>	<i>Total</i>
Under 8 years	..	..	5	4	9
8—16 years	..	..	24	13	37
Over 16 years	..	..	13	15	28
			—	—	—
			42	32	74
			=	=	=

An active training programme is in operation at the Centre, and every effort is made to keep pace with modern teaching developments through staff attendance at refresher courses. One innovation in 1964 was the introduction of the Gunzburg progress assessment charts. These are proving very helpful in assessing progress and indicating specific needs of pupils.

Facilities for adults are somewhat restricted, and completion of the new Industrial Training Unit is eagerly awaited. Despite the present difficulties a good deal of contract work is being undertaken. This includes plastic and metal work. Approaches to industry by the staff of the Mental Health Sections of the City and County Health Departments and of Littlemore Hospital are co-ordinated through the Advisory Committee on the Employment of Mentally Disabled Persons. This Committee meets quarterly and membership includes representatives of both sides of industry, Oxford City and County Councils, local hospitals, and of the local branches of the Employment Exchange, Ministry of Pensions and National Insurance, and the National Assistance Board. The Committee also serves as a useful forum for the discussion of difficulties arising over the rehabilitation of mentally disordered persons, and for the exploration of additional provisions.

Pupils from the Training Centre were taken on various outings during the year. The Seniors and some of the Juniors were taken to Bristol Zoo, and the Juniors also paid a visit to Hayling Island.

The annual seaside holiday was abandoned in 1964 because of difficulties over accommodation. This was regretted as the holiday had always been greatly enjoyed. However, satisfactory alternative accommodation has now been found and a party of 30 children will be taken to Swanage for 10 days in June 1965.

Very successful separate Christmas parties were held at the Centre for Senior and Junior pupils. In addition, pupils attended parties at Cheney Girls and Northfield Schools. Members of the U.S. Air Force, stationed in the locality, made a parting gift of a roundabout. This was greatly appreciated and the considerable support given to the Centre by American airmen in recent years will long be remembered with gratitude.

The Parents' Association continued to play an active part in the life of the Centre. They and the Centre Staff are to be commended for their effort in raising £84 15s. 2d. through the annual sale of work, despite atrocious weather.

The pupils continued to derive pleasure and benefit from attendance at the club meetings of the local branch of the National Society for Mentally Handicapped Children.

(vi) Hostel for Severely Subnormal Children

It is a pleasure to report the opening of St. Nicholas House during the year. The hostel provides residential accommodation for 20 severely subnormal children and for the superintendent and matron. The first children were taken in during July and the hostel was officially opened by the Earl of Longford in November.

It is intended that St. Nicholas House will provide long term accommodation for a number of children who are appropriately placed at the adjacent training centre but who can no longer remain at home. When they reach the age of 16 years, it is anticipated that they will transfer to a hostel for adult subnormals. Reference to such hostels is made in the section on future developments. As well as long term care, short term relief to cover parental sickness and holidays will be provided for suitable children. At the end of the year 6 girls and 7 boys were living in the hostel.

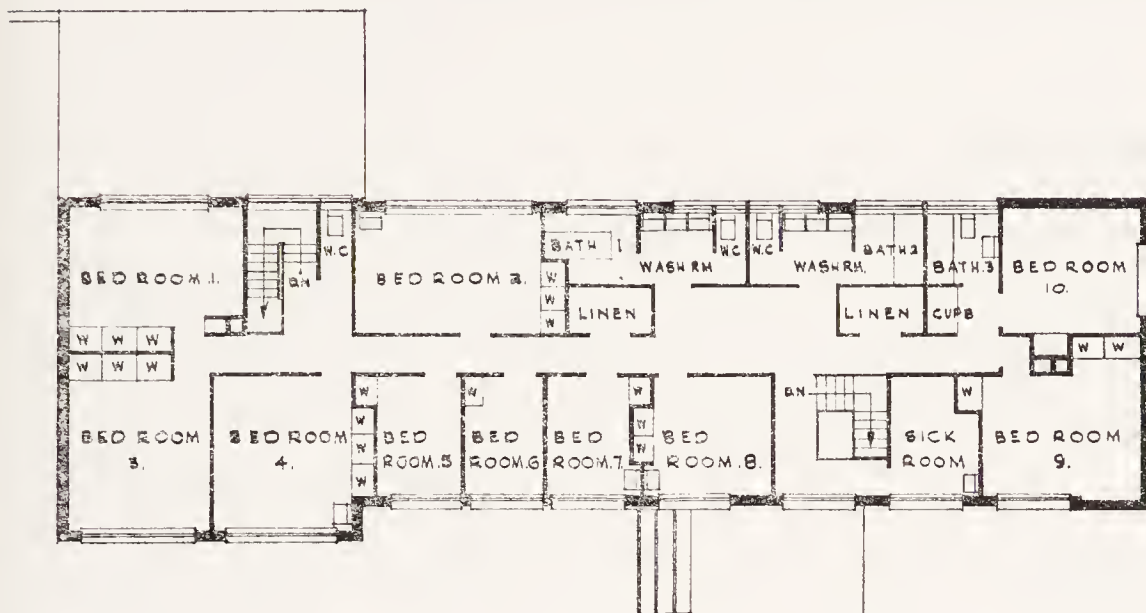
Every effort is made to maintain the family links in the case of long term residents. Parents are expected to have the children home regularly for weekends and holidays, and also to continue to clothe them, unless this would give rise to hardship.

Grateful acknowledgement should be made of the voluntary support which has been forthcoming. Support has come from the local branch of the National Society for Mentally Handicapped Children, from members of Oxment, and from the local churches.

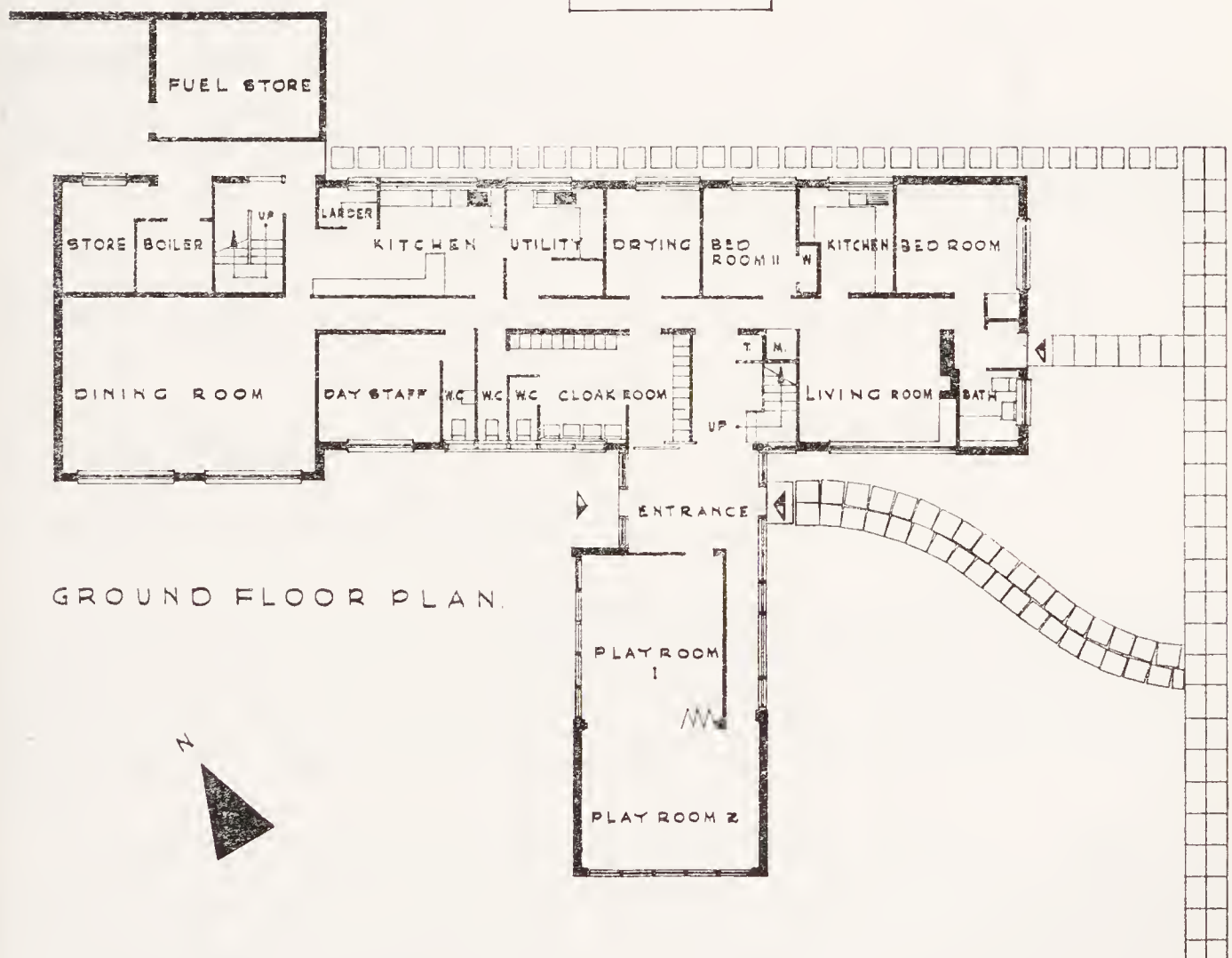


ST. NICHOLAS HOUSE

ST. NICHOLAS HOUSE ~ ST NICHOLAS ROAD ~ OXFORD



FIRST FLOOR PLAN



GROUND FLOOR PLAN.



JUNIOR HEALTH HOSTEL
ST. NICHOLAS RD. OXFORD

A member of the Medical Staff visits the hostel regularly and co-operates closely with the general practitioners in ensuring that any deficiencies in health are rectified without delay.

(vii) Institutional Care

<i>No. of Institutions within the Region</i>	<i>M.</i>	<i>F.</i>
Borocourt	28	30
Bradwell Grove Hospital	15	1
Cotshill Hospital	4	2
Cumnor Rise	—	10
Northview Hospital	—	4
Pewsey Hospital	5	8
Purley Park, Reading	2	—
Smith Hospital, Henley	5	2
Style Acre, Nr. Wallingford	5	—
Wayland Hospital	—	9
	—	—
	64	66=130
On licence from Borocourt	2	4
On licence from Pewsey	1	—
	—	—
	67	70=137

<i>No. in Institutions outside the Region</i>					<i>M.</i>	<i>F.</i>
Aylesbury, The Manor House	..	..	..	..	2	2
Aylesbury, Mount Tabor	..	..	..	..	—	1
Barvin Park, Potters Bar	..	..	..	..	4	—
Bristol, Brentry Colony	..	..	..	..	1	—
Bristol, Hortham Colony	..	..	..	..	—	1
Bristol, Stoke Park Colony	..	..	..	..	3	3
Brockhall Hospital, Lango	..	..	..	..	1	—
Buntingford, St. Francis School	..	..	..	..	1	—
Cell Barnes Colony	..	..	..	..	1	1
Clent Grove	..	..	..	..	1	—
Easthampstead Hospital	..	..	..	..	1	—
Etloe House, Leyton, London	..	..	..	..	—	2
Leybourne Grange Colony	..	..	..	..	1	—
Lisieux Hall	..	..	..	..	1	—
Little Plumstead Hospital, Kent	..	..	..	..	1	—
Maximum Security Institutions	..	..	..	..	5	5
Royal Western Counties Hospital, Starcross	..	..	..	..	—	1
St. Mary's Home, Alton	..	..	..	..	—	1
St. John's Hostel, Camberwell	..	..	..	..	—	1
St. Mary's Home, Buxted	..	..	..	..	—	2
Stallington Hall, Stoke-on-Trent	..	..	..	..	1	—
Stourbridge, Sunfield Childrens' Home	..	..	..	..	1	—
Wellington, Sunshine Home	..	..	..	..	1	—
					—	—
					26	20 = 46
					==	== ==

D. Future Developments

1. Hostels for Subnormal Adults

Two mixed hostels for subnormal adults are planned. They will each provide 24 places, and it will also be possible to provide ground floor sleeping accommodation for anyone with additional physical handicaps. The buildings will each incorporate two self-contained flats for resident staff.

It is hoped to make a start on the first of these hostels in 1965. An attractive site near the Industrial Training Unit in Brasenose Driftway has been acquired for this purpose. Another good site in the same district is available for the second hostel. The hostels will provide homes for subnormal adults who are unable to live fully independent lives and cannot be accommodated by relatives. Admission will be restricted to persons capable of work, either in open employment or at the Industrial Training Unit, and not requiring medical or nursing supervision.

2. Hostel for Mentally Ill

It is also intended to proceed with the provision of a 24-bedded mixed hostel for the mentally ill in 1965. A site has been secured at Rose Hill and is within easy reach of the shopping area. Long term admissions are likely in the main, as other short stay hostels are available for patients requiring this form of rehabilitation on discharge from hospital. There is a clear need for long stay accommodation with minimal supervision for those patients who are unable to manage on their own and yet do not require hospital care. Indeed, continued hospitalisation in such cases tends to result in deterioration rather than improvement. Again, it is envisaged that residents will leave the hostel during the day for some form of work or training.

3. Industrial Training Unit

An Industrial Training Unit with 60 places for mentally disordered adults is under construction at Brasenose Driftway, and is expected to open in November. This Unit will relieve the current overcrowding at the Mabel Prichard Training Centre and allow for the separation of the older from the younger trainees. It will provide industrial training for those over 16 years of age attending the present Centre. It is also intended that the trainees shall receive general instruction in small groups of three or four. Social training will include word recognition, familiarisation with money, time keeping and guidance in personal appearance. In short, everything possible will be done to foster independence and self-respect. The Unit will be open from 8.45 a.m. until 5.15 p.m. for 48 weeks per year, with the exception of public holidays. It is anticipated that 39 trainees will transfer on opening, and that numbers will increase steadily. Further admissions should include certain individuals who have refused to attend the Mabel Prichard Centre because of the association with children, as well as suitable psychotic patients. Numbers will increase rapidly with the opening of the hostels for mentally disordered adults.

4. Mabel Prichard Training Centre—Special Care Unit

Following the opening of the Industrial Training Unit in November, 1965, the Mabel Prichard Training Centre will continue to function as a training establishment for children under 16 years of age. 35 of the present trainees will remain there following transfer of the older ones.

The vacated workshop will be converted into a special care unit for up to 12 children who are below the age of 5 years or are seriously physically and mentally handicapped. A verandah is planned, and there will also be a toilet annexe, and bathing and laundry facilities. It has not been possible to accept the severely handicapped children in the last category in the past, and the unit will afford considerable relief to the hard pressed parents of such children.

SECTION VIII

WELFARE SERVICES

Report by J. C. DAVENPORT
Chief Welfare Services Officer

In July 1948, the City Council delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee meets twice monthly to deal with the administration of the Welfare Services of the City.

1. General Welfare Arrangements for the Aged and Infirm

In attempting to take stock of what has been done and what is still left to be done in the field of local authority welfare services, it is necessary to assess whether what has been done is right. If fault is found with our past record, it is no use making the excuse that circumstances and other interferences were against us. Now is the time to benefit by our failures or successes, and resolve to establish a better future.

It is with this purpose in mind that the events of 1964 are recorded.

Over the past sixteen years there has been a concentration of effort in building up what is believed to be a first class residential accommodation service for those persons who by reason of age and infirmity are in need of such help. There is no doubt whatsoever that Part III accommodation of the right type is an essential service for the aged and infirm, and there is no adequate substitute for these Homes.

Nationally, many people have both over and under estimated the need for Part III accommodation and there can be little doubt that all over the country there are instances where persons have been admitted to a communal home because there was no adequate alternative accommodation available for them. This group is, however, a very small proportion of the total, and quite definitely in Oxford, there are very few if any persons living in Part III accommodation who could or would wish to attempt to manage in a home of their own, or in a flat with a warden in attendance. Since 1948 an acute shortage of places in Part III accommodation has made it impossible to admit any person not desperately in need of care and attention. Such stringencies may have proved a blessing in disguise as they did help to show what was the true need and function of a communal home, and we were able to design our accommodation to meet the need as it really is.

There are however dangers against which we must be on guard. Residential accommodation must be a "home" in every sense of the word, and every move that tends to destroy or diminish the home atmosphere must be resisted. Dealing as we are with frail old people who cannot manage their homes individually, there is always the tendency to do too

much, and to introduce the organised experimental attitude. Regular medical inspection based upon hospital ward practice can very soon turn a home into a pseudo-hospital, as can the introduction of too many and too frequent experiments with border line cases. Residents do not mind one of their neighbours fading away and dying, or alternatively being nursed through a long illness, but they do object to the introduction of "new" cases who require a great deal of care, and the possibility of shunting between hospital and home. Where such a case is admitted to a Home the residents are the first to assess the new admission as to suitability and make no secret of their diagnosis. If the experiment of Home admission fails they do not hesitate to tell the authorities that they were wrong and always add the rider that the place is no longer a home.

Without the co-operation of residents and staff it is impossible to make any place a home, and it is up to us to ensure that in doing our job, and providing the service we and the old people want, we do not let our Homes become the modern successors of the old Poor Law Institutions.

The private home, the flat with or without warden, the hospital and the residential accommodation provided under Part III of the National Assistance Act each have their place in our pattern for the care of the aged and infirm. Each has its own job to do, and whilst it is not only possible but probable that the residents in each may at some stage of their life require to change from one type to another, there must be no attempt made by any one group to assume the function of another nor must one group attempt to pass its individual burdens on to another.

Residential accommodation of the right type in itself is a very important factor of local authority welfare services, but it is necessary to keep in mind always what proportion of an overall welfare service this factor calls for. We in Oxford are aiming for a higher figure than the national target because we believe this proportion is necessary. The national average target is to provide places for 3 per cent of the total aged. Our local target is nearer 5 per cent. Even this higher target means that ultimately we hope to provide residential accommodation for 5 out of every 100 persons of pensionable age in the City. The other authority responsible for full residential care of the aged is the hospital authority and there the target is 1.4 beds per thousand of the population, or 1.15 per cent of the population of pensionable age, which represents a total of 150 beds for Oxford.

These figures for residential accommodation mean that 93.85 per cent of the population of pensionable age in Oxford namely, about 12.200 persons, will continue to live in their own homes, and for whom social services, whether they be housing, home help, general health or welfare services must be available when required. It is in this field that a tremendous challenge faces all health, housing and welfare departments, and voluntary societies, and in relation to welfare services this challenge has been the subject of considerable discussion and planning at committee and officer level.

For many years Oxford has been a pioneer in relation to domiciliary welfare services, but these services have to some extent been operated in an exploratory manner in order that their true worth may be established. Our pilot operations having proved themselves, our principle policy has become that of preventing hardship rather than relieving it.

Practical achievement of this policy has yet to come, and 1964 must be classified as a year of taking stock and building up our reserves ready for the attack in 1965. This operation is not a single handed venture by the authority, but rather a partnership effort between the authority and the voluntary societies.

Repetition of our appreciation of the work done by voluntary societies and individuals is no less sincere than when originally made, and in addition to the great help given by the British Red Cross Society and The Womens' Voluntary Service, schools and private individuals have co-operated in making life happier for old people living at home. The latter groups have helped in decoration and repair work, and the provision of extra food and coal. Fuel is always a problem for the aged in winter and the joint efforts of private individuals and the Council of Social Service have ensured that many aged and handicapped persons have had the opportunity of putting on a little more coal, rather than facing the prospect of another very early night (or afternoon) in bed in an attempt to keep warm.

During the year local authority officers made a total of 11,594 visits to aged and infirm persons, and large though the total is, it must have been exceeded by voluntary visitors. At the end of the year 983 persons were receiving help from local authority welfare services, and a further 497 were receiving regular visiting and help from voluntary visitors and meals on wheels service.

Our programme of providing residential accommodation, for the more infirm, advanced another step with the opening of Iffley House. The Council now has 428 beds in Old People's Homes and of these only 46 are not on the ground floor and not served by a lift. The following table shows the accommodation provided, the Homes are listed in the order in which they were opened.

		<i>Single rooms</i>	<i>Double rooms</i>	<i>Four bedded</i>	<i>Five bedded</i>	<i>Six bedded</i>
Frilford House		—	2	3	—	2
Barton End		2	7	2	2	1
Townsend House		12	18	3	—	—
Shotover View		12	20	2	—	—
Marston Court		6	23	2	—	—
Cutteslowe Court		8	22	2	—	—
Oseney Court		12	22	1	—	—
Iffley House		20	20	—	—	—
		—	—	—	—	—
Totals		72	134	15	2	3
		==	==	==	==	==

Wherever possible prospective residents are given the opportunity of viewing their proposed Home before admission, and many have previously had the experience of life in a Home as a result of a short-stay admission. Short-stay admissions have, in fact, become a permanent and successful feature in our domiciliary welfare services. When a prospective resident has doubts about giving up his or her own home, welfare officers arrange to continue their tenancies after admission to enable them to change their minds if they so desire. Very few do and in 1964 only one person elected to return home.

Each Home has continued to develop as a centre for domiciliary welfare services, and in addition for recreational facilities. The new bathing assistance service, which became operational in mid-1963, has been linked with the Homes. This service, which is designed to help old people over the difficulty of taking a bath, offers the services of a bathing attendant who will help a person in their own home, or where no suitable facilities exist transport them to a Council Home for the service. Originally planned to meet the needs of the aged, it very soon became apparent that seriously handicapped persons had a similar problem, and there has been a steadily increasing demand for assistance.

The Old People's Welfare Committee of the Council of Social Service commenced a limited survey to look into the needs of old people living alone and in the second half of the year put into operation a pilot day care service. The object of the service was to provide more regular continuous attention than was available under statutory welfare services, and to act as a supplement to these services. An organiser was appointed to ascertain the need and arrange for a panel of part-time helpers who would be available daily to provide care and help where it was needed.

The limited survey quickly brought to light the real need for this service and by the end of the year a minimum of six were being regularly provided with help. The Council were quickly convinced of the merit of the venture and readily agreed to make funds available to extend the service in 1965.

The case load of each Welfare Officer is very considerable and sincere thanks must be recorded to all the staff for the effort they have made and the zeal they have displayed in ensuring that every possible help has been given to all cases in need, irrespective of the day or hour.

This then is the review of 1964, a year perhaps not notable for its practical progress but one which has been well spent on building the foundation for the future for many thousands of older persons who look forward to a comfortable and worry free future in their own houses.

2. Residential Accommodation

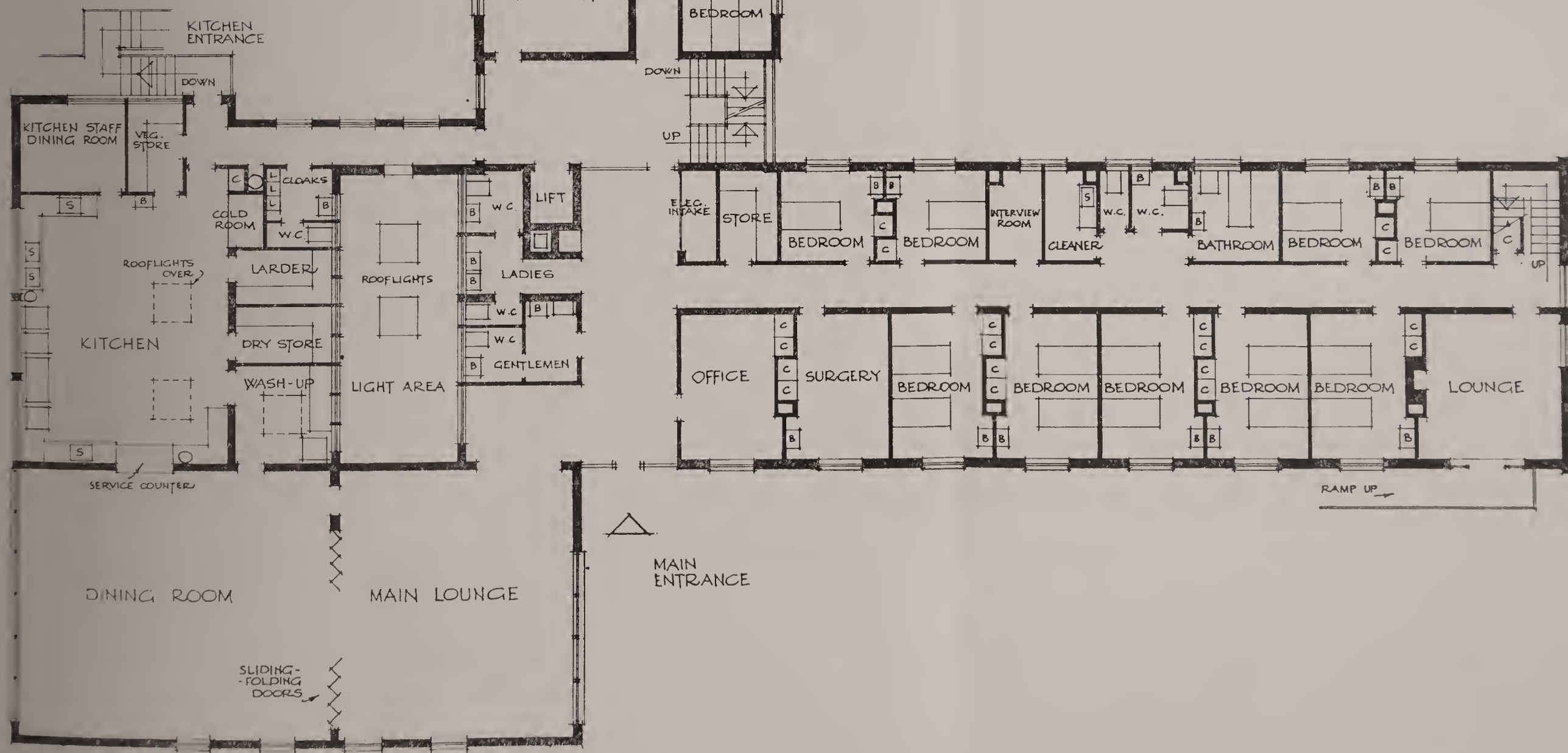
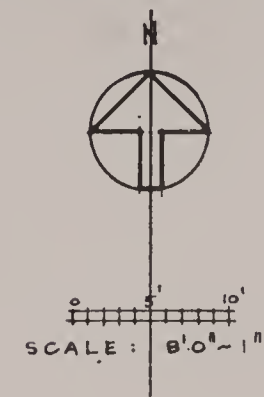
Iffley House was not available until the end of the year, and as a result the benefit of the additional places is not really seen in the statistics. With the opening of another Home we progressed from the stage of dealing



IFFLEY HOUSE—OLD PERSONS' HOSTEL



IFFLEY HOUSE
IFFLEY TURN
OXFORD



with existing crises to the stage where we were able to make an effective contribution towards preventing distress. Therefore a comprehensive survey was made of all cases on the waiting list and persons were placed in the following groups according to their need.

- (a) Cases requiring urgent admission, e.g. where distress already exists.
- (b) Cases who will require admission within six months.
- (c) Cases at present suffering no hardship, but who under normal circumstances will require admission within two years.

The survey revealed that in the autumn there were approximately forty persons who required urgent admission, and that before the end of the winter of 1964/65 this figure was expected to increase by a further forty, making a total of eighty. The acquisition of Iffley House therefore became a beacon shining through the looming darkness of the winter ahead, and every effort was made to admit cases as soon as the Home was usable.

At the time of writing, that is nearing the end of the winter of 1964/65 (which fortunately has been relatively mild), one can compare the forecast of six months ago with what has happened. Things have proceeded very much as was expected but it is hoped that group (a) cases will, in time, cease to exist.

The large number (140) in group (c) shows that old people themselves are considering their future and helping the authority by contacting the welfare officer early enough to prevent many crises, and are in fact looking forward to their possible admission to one of the Homes. Indeed many already have had the benefit of short stay accommodation.

There has been a slight reduction to 84 years in the average age of all residents; the reason for this has been the effort made to clear the residual cases from the psychiatric hospitals, but the average is still one of the highest in the country. Comparatively speaking, the residents kept remarkably well, and only 103 required admission to hospital, of whom 51 returned after treatment. Forty-eight faded during the year and died in their own Home.

New admissions during the year totalled 123 of whom 45 came from hospitals. The geriatric hospitals contributed 21 to this latter total, acute general hospitals 12, and psychiatric hospitals 12. Priority is given whenever possible to hospitals in order that they may free their beds for more necessitous cases.

Each Home has become part of the neighbourhood in which it is situated, and residents are encouraged to take part in community activities. Visits to the Home are welcomed, and we are extremely grateful for the interest shown and practical help given by our neighbours.

All residents are required to pay for their accommodation according to their means, but each receives a minimum of 13/6*d.* per week for their own use. In 1964 a full time Craft Instructress took over from the Occupational Therapy Service to implement the pursuit of hobbies by the

residents, and the greater availability of time has been appreciated. Many residents produce articles for themselves and the Home (at one Home a resident has embroidered on each serviette the name of the person using it) and some make articles which they sell to their friends or to our retail shop. Regular church services are held by all denominations, and cinematograph shows are enjoyed frequently.

Admission Table

			<i>New</i> <i>Admissions</i>	<i>Discharges</i> <i>to Hospital</i>	<i>Deaths</i>	<i>Holiday</i> <i>Cases</i>
Barton End .. ..	..	..	7	6	3	8
Cuttesslowe Court .. ..	..	..	19	18	12	10
Frilford House .. ..	..	..	11	8	1	1
Marston Court .. ..	..	..	21	13	8	10
Shotover View .. ..	..	..	13	17	8	19
Townsend House .. ..	..	..	8	15	4	15
Oseney Court .. ..	..	..	28	26	12	3
Iffley House .. ..	..	..	16	—	—	—
			—	—	—	—
Total .. ..	..	..	123	103	48	66
			==	==	==	==

The demand for short-stay accommodation continues to increase and 66 persons were admitted during the year, either to give them a much needed rest from their own domestic responsibilities, or to enable the old people's relatives to take a holiday. It is evident that this is a facility that is greatly appreciated, particularly by those relatives who would otherwise be completely tied throughout the year.

Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of aged and disabled persons:—

Aged and Disabled

Nazareth Home, Cowley Road 24 females
9 males

Aged

St. Basil's Home, 239 Iffley Road 26 females

Elizabeth Nuffield Home, 165 Banbury Road .. 24 females

Council of Social Service Home, 115 Banbury Road 21 females

British Red Cross Society Home, 107 Banbury Road 20 females

Mrs. Guise-Thompson, 2 Hernes Road 5 persons

Mrs. E. Best, 31 Stanley Road 6 persons

The agreements made with the following Homes to place accommodation at the disposal of the Authority continue:—

St. Basil's Home 4 residents

Nazareth Home 4 residents

This accommodation has been used throughout the year, and has been of great assistance to the Authority owing to the continued shortage of accommodation. The City Council has accepted responsibility for the augmentation of income to enable the following persons to reside in accommodation provided by voluntary societies:—

- 5 persons in St. Basil's Home
- 3 persons in Nazareth Home
- 3 persons in St. John's Nursing Home
- 12 persons in British Red Cross Society Home
- 17 persons in other voluntary homes
- 4 persons in Homes for the Blind.

In a similar way, by arrangement with other Local Authorities, the City Council has accepted financial responsibility for four people in Oxfordshire County Council Homes, one person in a Berkshire County Council Home and one person in an Exeter City Home.

The City Council have accommodated in their Homes at the request of the respective Councils:

- Six cases from Oxfordshire County Council
- Four cases from Berkshire County Council
- One case from Manchester County Borough
- One case from Stoke County Borough
- One case from London County Council.

Temporary Accommodation

The policy principles mentioned last year have remained unsettled, and the service provided for the homeless in Oxford has remained the sole responsibility of the Welfare Services Section. Whatever the final outcome this work will continue to present extreme difficulties both by day and by night. It is impossible to predict the size of the problem or to analyse the reasons completely.

Areas of full employment are always likely to have a greater share of the national load as husbands will go where work is available, and families will follow. Until the housing shortage has been fully overcome the great preponderance of homeless families will continue to be families with a problem, rather than problem families, but insufficient means of helping families with a problem can lead to these families deteriorating into problem families.

During the year 101 applicants contacted Welfare Officers requesting temporary accommodation. After investigation fifteen proved to be persons or families where homelessness was neither established nor imminent and help and advice were given to enable them to solve their difficulties. Of the remaining 86 cases, 35 had to be admitted to temporary accommodation, 41 were helped to find alternative accommodation or had their differences and difficulties removed to enable them to stay in their existing accommodation, and 10 refused our offer of help and presumably made their own arrangements.

Eviction of families from homes of their own accounted for very few of the total. The most frequent cases of homelessness resulted from overcrowding in sub-let accommodation and moving into the district without having arranged accommodation.

Admission to the Homeless Families Unit was necessary in 35 instances, and as there were already five families in occupation at the beginning of the year, the following table shows the analysis of the statistics relating to the 40 families concerned:—

18 stayed for one night only

5 stayed for up to one week

5 stayed from one week to one month

7 stayed from one month to six months

5 stayed for more than six months.

Five families were in occupation at the end of 1964.

The 101 families applying during the year were made up of units as follows:—

Single Males	Single Females	Families with								
		No child- ren	1 child	2 child- ren	3 child- ren	4 child- ren	5 child- ren	6 child- ren	7 child- ren	9 child- ren
9	25	10	15	19	4	12	4	1	1	1

For the 35 cases admitted the following table applies:—

Single Males	Single Females	Families with								
		No child- ren	1 child	2 child- ren	3 child- ren	4 child- ren	5 child- ren	6 child- ren	7 child- ren	9 child- ren
—	7	1	5	8	1	8	3	1	1	—

Of the 10 who refused help the following table applies:—

Single Males	Single Females	Families with								
		No child- ren	1 child	2 child- ren	3 child- ren	4 child- ren	5 child- ren	6 child- ren	7 child- ren	9 child- ren
2	3	—	—	—	3	—	1	—	—	1

Of the 41 cases helped to find other accommodation:—

8 were single males

15 were single females

5 were couples without children

6 were families with 1 child

3 were families with 2 children

2 were families with 3 children

1 family had 4 children

1 family had 9 children.

The statistics show a further small reduction in total numbers applying, but a slight increase in the numbers who required admission. The Welfare Officers achieved remarkable success in helping 41 cases to become permanently settled.

There was some overcrowding in the Unit, and the Wardens (Mr. and Mrs. Wilson) did an admirable job in very difficult circumstances in ensuring that every possible help was given. No-one who required shelter genuinely was refused help, and several grateful acknowledgements of the help given have been received.

3. Welfare Arrangements for Blind and Partially Sighted Persons

(a) Blind

Statistics

During the year 35 people were certified as blind. The Authority is fortunate in that eye examinations for certification purposes are carried out at the Eye Hospital, and any medical or surgical treatment required is arranged straight away.

The diagnoses of the disability of the 35 new cases of blindness registered in the year (14 men and 21 women) were as follows; there being 12 patients with multiple causes.

Local Degenerative Conditions

(i) Cataract	..	..	..	..	..	..	17
(ii) Retinopathy	..	..	..	..	..	..	11
(iii) Optic Atrophy	..	..	..	..	..	..	1
(iv) Senile Macular degeneration	..	..	..	..	..	..	4
(v) Corneal ulceration	..	..	..	..	..	..	1

Other Local Causes

(i) Trauma	..	..	..	..	..	..	1
(ii) Glaucoma	..	..	..	..	..	..	5
(iii) Myopia	..	..	..	..	..	..	1
(iv) Vascular catastrophes—Retinal vein thrombosis							2

General Causes

(i) Diabetes Mellitus with retinopathy	..	..					4
(ii) Arterio-sclerosis with retinopathy and retinal artery occlusion	..	..	..	..	..	..	2

Age at onset of Blindness

Year													
0-4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90+
2	1	—	—	1	—	1	3	3	3	5	9	6	1

Of the four new cases where the onset of blindness occurred before the age of 40 the causes were as follows:—

1 Cataract and retinopathy

1 Cataract

1 Corneal ulceration

1 Retinopathy

The average interval between onset (symptoms of blindness) and registration was one year (less than one year in twelve cases and more than five years in nine cases).

The following table shows the number of cases where treatment was recommended:—

Cause of Disability

	Cause of Disability				Total
	Cataract	Glaucoma	Retrolental Fibroplasia	Others	
(a) No treatment	8	1	—	6	15
(b) Treatment (medical, .. surgical or optical) ..	5	4	—	4	13
(c) Hospital supervision ..	1	2	—	6	9

The number of registered blind persons in the City is shown in age groups in the following table:—

	0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 and ove	Total
Male	—	—	3	—	5	6	12	7	48	81
Female	—	—	—	—	5	5	17	6	104	137
										218

Out of this total of 218, there are 165 over 65 years of age.

Children

There are two children in special schools for the Blind and one in a hospital for thementa lly ill.

Employment

Eighteen people are in open industry as follows:—

Physiotherapist	..	..	..	..	..	2
Legal Profession	..	..	..	..	..	2
Shopkeeper	..	..	..	..	..	1
Employed in factories	..	..	..	..	..	8
Storekeeper	..	..	..	..	..	1
Labourer	1
Masseur	1
Miscellaneous jobs	2

Home Workers Scheme

Braille Copyist	1
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Workshop Employment

The following blind people are working in sheltered workshops:—

<i>Trade</i>	<i>Male</i>			<i>Female</i>
Mat makers	2	—
Chair caning	—	1

Several totally blind women are running their homes very efficiently without help.

General Welfare

Again the Inner Wheel and other voluntary helpers have during the past year provided transport to and from socials, handicraft classes and parties, which has in no small way contributed to the success of these functions and enabled the occasions to become of great recreational benefit to homebound persons.

Social Activities

Socials have been held three times a month, and during the summer outings were arranged to Eastbourne and the Isle of Ely. We would like to extend grateful thanks to all the voluntary helpers who have done so much to make these occasions so successful. The annual party was held this year at the Centre for the Deaf. We were favoured by fine weather which helped to make the event a success. In co-operation with the Oxford Society for the Blind (City and County) two parties of 90 and 120 respectively were taken in May to Cliftonville for a week's holiday. This also was a great success.

Two tape recording clubs are now established and are proving very popular, and the fortnightly meetings are very well attended.

On the Saturday before Christmas a party of blind persons were taken by the Home Teachers to hear Christmas carols at the Royal Albert Hall. On the same Saturday a party was given by Smith's of Witney for blind children under fifteen. Each received a present from Father Christmas and the party was greatly enjoyed by all.

Voluntary Help

The Oxford City and County Society for the Blind has continued to assist the blind financially towards the provision of holidays, invalid foods, and extra comforts. Christmas gifts were given to the aged and infirm blind persons and special attention given to those in hospital or others in accommodation away from their own homes. As a result of the Society meeting the subscription costs, several blind people received Bible notes in braille each quarter.

The Oxford Eye Hospital Welfare Fund has continued to be responsible for the cost of transport to the Christmas party. This help is greatly appreciated and enables many to attend who might otherwise be unable to do so.

(b) Deaf Blind

There were two deaf blind persons on the Blind Register, both of whom were females.

(c) Partially Sighted

Twenty-four people were certified as partially sighted and at the end of the year there were 96 persons on the Observation Register. All these people are substantially and permanently handicapped by defective vision. The following table shows the age groups on the register:—

0—1 M F	2—4 M F	5—15 M F	16—20 M F	21—49 M F	50—64 M F	65 and over M F
— —	1 —	2 2	1 2	13 3	6 6	18 42

Total—41 males and 55 females = 96 of whom 60 are over 65 years.

4. Welfare Arrangements for other Handicapped Classes

The Council on the 1st April, 1955, adopted schemes to provide for the welfare of the deaf, hard of hearing and general handicapped classes.

A. The Deaf

The Council's function in relation to the Deaf have been delegated to the Oxford Diocesan Council for the Deaf, and the Superintendent Missioner has kindly supplied the following report.

The Adult Deaf meet together at the Deaf Centre on three evenings a week for various social activities. These activities include indoor games chess matches, dances and film shows. Whist Drives and Bingo sessions are held at regular intervals, with customary visits to and from other clubs. Art classes have been held throughout the year with a qualified teacher provided by the Education Department.

Welfare. The Welfare Service has embraced such assistance as interpretation in courts of law, at medical interviews, driving tests, insurance and solicitors' offices, etc., and has also included much placement work. Several changes of employment have been made during the year with advantage to the Deaf. There is no unemployment at present. Visits have been made regularly to the sick, aged, lonely and the deaf/blind.

Young People's Section. Members have been given the opportunity of furthering their interests, especially educationally. Visits have been made to the sewage disposal works at Sandford, the Post Office Sorting Office, the Electricity Power Station and the Oxford Police Station. Members of this Youth Club produced a play at the Annual Party this year.

Services are held on Sundays in the Chapel of St. John the Evangelist. A high percentage of deaf people in Oxford attend these services.

The National Deaf Children's Society, Oxford Region, have continued during a successful year to hold bi-monthly educational talks for parents and teachers during the winter months. They are financing special educational evening sessions giving twelve children individual tuition and small groups have been arranged covering a further twelve children.

During the previous school summer holidays educational visits were arranged for the older children and classes held at the New Centre for young children.

The Society's film "Let Them Speak" has been brought up to date and lengthened. This film is in considerable demand all over the country and enquiries have been received from overseas.

The Annual Parties have been well patronised and enjoyed.

Two poor families were provided with a free summer holiday by the Society, the Oxford Region paying all travelling expenses.

Statistics. The following are the statistics so far as the Deaf are concerned in Oxford City. It is pointed out, however, that the Centre is used by the Deaf living in Oxfordshire and the adjoining parts of the County of Berkshire.

Age groups	1—15		16—64		65 and over		Total
	M	F	M	F	M	F	
Deaf with Speech ..	6	7	9	5	1	3	31
Deaf without Speech ..	3	2	17	13	3	1	39

B. The Hard of Hearing

The Secretary of the Oxford's District Club for the Hard of Hearing has kindly supplied the following report.

This Club caters for some of the social and educational needs of a small section of the Hard of Hearing population of Oxford. Its average membership over the past two quinquennia, taken at the end of the Club year, has been as follows:—

Five year period	Average membership		Total
	Hard of Hearing	Fully hearing	
1954—1959	83	41	124
1959—1964	98	45	143

More detailed analysis of the membership on 31st December, 1964 (with three months of the Club's year still to run) is shown below. There is uncertainty about the age distribution, as no register of ages is kept, but it is believed that the figures are substantially correct.

	Hard of hearing members			Total	Fully Hearing members	Total
	0—16 yrs.	17—60 yrs.	Over 60 yrs.			
Male	—	5	15	20	14	34
Female	—	21	60	81	30	111
Total	—	26	75	101	44	145

These numbers contrast with the total estimated population of Hard of Hearing people in Oxford by some thousands.

The membership of the Club is elderly. This is bound to be a feature of Hard of Hearing Clubs, even if not quite so marked a feature as it is here. While the Deaf are those born without hearing, and will therefore be found normally distributed within all age groups, the Hard of Hearing are those born with normal (or less often defective) hearing, who lose part or all their hearing during their lifetime. The proportion of an age group who are hard of hearing must therefore increase with the age of the group. Modern surgery and hearing aids have effectively prolonged the fully hearing life of many individuals, and thus on average increased the age at which hardness of hearing becomes such a real or threatened handicap that organised help is sought.

When this help is sought, it is fundamentally of a different nature from that sought by the (born) deaf. The need is not for help to make a satisfactory life without something (hearing) that has never been experienced, but help to minimise or overcome the loss of something that has been a normal and vital part of life, and which is deeply missed. Many of the techniques of help must be similar or the same for both the deaf and the hard of hearing, but the underlying psychological problem is greatly different, and probably much more difficult to deal with.

The help which a Club can give is clearly only a part of the total help which a humane society can and should give. The problems most easily tackled by a Club may, it seems to me, be conveniently grouped under three heads:—

A. Education in clear speaking with full lip movement and clear diction, to help in maintaining the voice and to help others to understand what has been said. This must be supplemented with education in lip-reading, both to help those with poor hearing to fill in the gaps in understanding that hearing alone leaves, and in some extreme cases to provide a complete alternative to hearing. These two facets of education are complementary, nobody can read motionless lips, however clear the words that come from them. Television newscasters who win prizes for clear speech may be notoriously incomprehensible to lip-readers.

B. The provision of communal relaxation, particularly of those kinds which make a minimum call on the faculty of hearing. The great difficulty here is to present these activities so that those who find hearing most difficult are at all times fully aware of all that is being said and done. Such presentation is extremely difficult to achieve. It calls for very clear diction and lip movement by all speakers, speech on the slow side with rather a lot of repetition of essential bits, the full use of amplification equipment at a level which fully hearing members may find uncomfortable, and a full use of writing equipment such as blackboards or the "vu-graph". Above all it calls for great tolerance by the better hearing members of the slowness, loudness and repetition.

C. The organisation of communal outward-looking activities aimed, if possible, at helping some other sector of the community, to help minimise the feeling of increasing and inevitable isolation to which the hard of hearing are particularly prone.

During the year the Oxford Club has had, and to some extent taken, opportunities to advance in two of these fields. The chances have occurred largely through making a start at taking part in the activities of the British Association of the Hard of Hearing, which the Club joined in 1962.

A Clear Speech competition was held in January to select a member to take part in the British Association's contest. The winner, Mrs. Walsh, was well placed in the second round at Kettering. Later, money presented to the Club after the death of Miss Foster by admirers outside the Club was supplemented and used to obtain the Miss Foster Memorial Cup for Clear Speech, to be competed for annually. It was not possible to take part in the lip-reading contest held by the British Association during the year, but sanction was given to use the Miss Jagger Memorial Fund and other moneys to obtain the Miss Jagger Memorial Lip-reading Cup, also to be presented annually, and this was obtained after the end of the year.

No tuition in clear speech was held during the year, but lip-reading classes were started by Mrs. Marchbanks of the Radcliffe Infirmary, though in accommodation which is unsatisfactory for this purpose with

regard to lighting and seating arrangements. About ten members have taken part in these classes. It is hoped that the concentration on lip-movement necessary in these classes will not only increase the lip-reading ability of those studying, but also lead to a sharpened realisation throughout the Club of the immense help that clear lip movement and diction can give to all hard of hearing members, and not only to those who consciously lip-read. Tentative discussion of the possibility of starting play-reading groups with the object of furthering this object also took place.

A wide programme of social activities was carried out during the year. Three members of the Committee attended conferences arranged by the British Association and learned a great deal about the techniques that can be applied to present matter clearly to gatherings containing many hard of hearing people. Further visits and study by others, and application of the lessons learned, could be most rewarding in helping the Club to fulfil its extremely difficult task in this respect.

Finally, on National Hard of Hearing Day (10th October) a joint meeting was held with the Reading and the High Wycombe Hard of Hearing Clubs. It consisted of a Church Service held at St. Aldate's Church (by kind permission of the Vicar) followed by a tea held at the New Centre, St. Ebbe's, at which a display of hearing aids from past ages was provided by Mr. Howes, of the High Wycombe Club and the British Association Committee.

C. Generally Handicapped

Since the implementation of the scheme in Oxford much has been done to help the handicapped and the demand for the services of the staff concerned continues to increase. The staff available for this work consists of a full-time welfare officer and the part-time services of an Occupational Therapist. A large proportion of those registered are homebound and the ever increasing popularity of the services available has made great demand on this staff. During the year a Craft Instructress was appointed to organise pastime work among the elderly residents in the City's homes.

Mention must be made of the co-operation of voluntary effort in this work. By this means it has been possible in a number of instances to make home life more bearable for these unfortunate people. Adaptations and aids in the home, cleaning, re-decorating and remedial and recreational facilities have been carried out by the Local Authority staff and voluntary workers, including the International Voluntary Service.

A total of 127 permanently and substantially handicapped persons are registered with the Local Welfare Authority, and the following table shows the age groups:—

Years	16—24	25—34	35—44	45—54	55—64	65 and over	Total
Male	9	9	7	12	14	19	70
Female	5	9	12	8	12	11	57
	14	18	19	20	26	30	127

The British Red Cross Society organises a Special Club at their Headquarters, 101 Banbury Road, for crippled persons. This Club meets every other week and is a valuable aid in the provision of recreational facilities for handicapped persons. Officers of the Welfare Section encourage and aid as many as possible to attend these meetings.

(i) Spastics

There are 36 spastics known to the Department—16 adults (13 male and 3 female) and 20 children. Of the 16 adults twelve are normally resident in their own homes and four are being cared for in special Homes and Hospitals. Of those residing in their own homes, four males and one female are engaged in full-time occupation.

Twenty children of school age are known to be suffering from varying degrees and types of cerebral palsy. One severely affected boy who is also E.S.N. is at a residential school. In seven cases the disability is minimal and they attend full-time at ordinary schools. Three attend the Training Centre and nine children (including three from Berkshire) attend the Ormerod School.

(ii) Epileptics

Thirteen adult epileptics of major severity (five male and eight female) are known to the Department. The great majority of minor cases are able to attend ordinary school or continue in normal employment.

5. Workshop for Handicapped and Blind Workers

We have again experienced a satisfactory year with an increase in turnover of 15 per cent. Total sales were £11,165 as against £9,750 in 1963. Of this total approximately half (£5,582) represents sales of products manufactured by other local authority workshops and factories. £3,500 was realised as a result of the sale of goods produced in the workshop, and the remainder from goods made locally through pastime work and the Occupational Therapy services.

For the first time we were exhibitors at the two-day Oxfordshire Agricultural Show at Kidlington. A purpose designed show-stand was made in the workshop and each day two workers demonstrated their craft—this caused a good deal of interest and the show proved financially and morally successful with sales and orders valued at £250.

In November we engaged two part-time shop assistants instead of one full-time and were thus able to keep open during lunchtime. Also in November we added 200 square feet to the shop by knocking down a dividing wall, this greatly contributed to the display area.

The main disabilities of the workers in the workshops are as follows:—

Blind	..	..	..	..	3
Deaf without speech	..	..	..	..	1
Poliomyelitis	..	..	..	..	2

Paraplegia	3
Hemiplegia	1
Neurosis	1
Asthma	1
Epileptic	2

The main trades practised are matmaking, woodwork, chair seating, watch repairing, printing and the making of Christmas crackers.

6. Miscellaneous Services

(a) Meals on Wheels

This valuable service has continued to expand and has worked to the maximum capacity in both manpower and equipment throughout the year. An average of 2,560 meals per month have been supplied at a cost to the recipient of 1/- per meal. The cost of food to the Local Authority is 3/- per meal, and an allowance of 6*d.* per mile was paid in respect of mileage covered in the distribution. These volunteers from the British Red Cross Society and Women's Voluntary Service have worked untiringly to make this service the success it is, and there is no doubt that a large number of old people in the City look forward not only to the meal they receive, but the cheerful visitor who brings it to their doors.

Towards the end of the year notification was given of the impending closure of the cooking centre at Cowley Marsh. This enabled the Committee to take positive steps in the implementation of their policy to make the residential Homes centres for domiciliary welfare services. Iffley House, immediately upon opening, became the experimental centre and part of the meals service operating from the Cowley Marsh restaurant was transferred to that Home. At the same time a very limited experiment of day care service was instituted and both ventures were absorbed into the general operation of the Home without detriment to the comfort of the residents. This experiment was quickly followed in the very early part of 1965 by the transfer of the meals service to two other Homes.

(b) Compulsory removal of persons in need of care and attention

It was not necessary for action to be taken under Section 47 of the National Assistance Act, 1948. In a few instances there were cases where adequate grounds existed for action to be taken, and where it appeared necessary to do so. However, persuasion by medical practitioners and Welfare Officers prevailed upon the individual concerned, and compulsory removal was not necessary.

(c) Temporary protection of property of persons admitted to hospitals, etc.

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to accommodation under Part III of the Act, has been effected in 86 cases during the year.

This is an ever increasing service and in addition to the administration, a considerable amount of secure storage space is required which has to be available at all times, with sufficient space for individual movable property to be kept free from deterioration and in such a manner as to be easily identifiable. A total of 86 new cases in a year does not reflect the whole problem. Storage is often effected for considerable periods and at the end of 1964 there was a current total of 131 cases of property in custody.

(d) Burial or cremation of the dead

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year it has been necessary for the Council to arrange 9 such burials, and in all cases part or full recovery of the cost involved has been made.

7. Civil Defence—Welfare Section

Although our strength of 146 in the Welfare Section is still well below our peace-time establishment figure of 600, we have a good nucleus of well-trained volunteers.

During the year classes were held in Standard and Advanced training and four volunteers were successful in the Advanced examination. Full courses in First Aid and Home Nursing were also held resulting in six persons passing the First Aid examination and twenty-one obtaining Home Nursing Certificates. It is pleasing to report that Mrs. Dennard was successful in the Local Instructors' examination where the pass standard is quite high.

Our training also included practical exercises, six of which were on a fairly large scale, including weekend exercises at Southampton and Falfield, near Bristol. As usual the task of feeding personnel was the responsibility of the Welfare Section and valuable experience was gained in outdoor cooking and the use of mobile kitchens.

In an effort to interest young people in Civil Defence a short course of training was given to twelve girls aged between 14 and 15 years under the Duke of Edinburgh's Award Scheme. The course was largely of a practical nature, and was greatly enjoyed by the girls, all of whom were successful in passing the examination. It is hoped to hold further courses under the scheme in 1965.

8. Clinical Medical Work on Behalf of the Welfare Services

The following report has been prepared by Dr. Tilley (Senior Assistant Medical Officer for Welfare) and emphasises the increasing importance of readily available facilities for medical consultation in this sphere of work. There are six main aspects:—

(a) Assessment for suitability for Part III accommodation

(35 consultations)

Patients were visited in their own homes, in Part III accommodation, in hospitals or in nursing homes. In general the functional and social sides of assessment are more important than detailed medical examination, which is only desirable when adequate information is not available from hospital or general practice records, and then only with the consent of the family doctor.

As the Senior Assistant Medical Officer (Welfare Services) has responsibilities for the day-to-day liaison with Cowley Road Hospital, the inspection of nursing homes, and medical priority for rehousing, action was not limited to assessment, as the following examples show:—

(i) A man of 64 was forced to retire from work by severe bronchitis in the first cold weather of the winter. As he was in unsatisfactory lodgings, his general practitioner asked for Part III accommodation. However this was undesirable on account of the high average age of the residents in City Homes. Temporary accommodation was arranged in a heated dormitory in the Church Army Hostel. This arrangement was reported to the Consultant at the Chest Clinic and at the man's next attendance there he was admitted to hospital for treatment and rehabilitation. Meanwhile, he was allocated a flatlet in Beveridge House on medical grounds and nine weeks after the first consultation was settling down in his new home.

(ii) An old lady was badly shaken by a fall. The family doctor applied to the Medical Officer of Health (as adviser to the Aid-in-Sickness Charities) for a grant in aid of nursing home treatment. As the nursing home had a charitable fund, a reduced fee was arranged. Following treatment this lady had a short stay in an Old Person's Home, and was able to return to her own house.

(iii) The general practitioner applied for Part III accommodation for a man in his late sixties, living alone, who had been working until a stroke had resulted in a short period in hospital; this man was making a slow recovery at home and his morale was poor. The man's physical condition improved greatly when domiciliary physiotherapy was arranged after consultation with the family doctor, and he was able to remain at home.

While an old person of stable personality can be helped by a "holiday stay" in one of the City Homes to decide whether she gives up her home, "trial admission" where there is some doubt about the applicant's physical or mental fitness for life outside a hospital requires much consideration. Inadvertant acceptance of an unsuitable person into this settled community can indeed be a trial—of the equanimity of both staff and residents. On the other hand, some of the difficulties of newcomers arise simply from unfamiliarity with the new surroundings in which they are suddenly placed. A gradual introduction is sometimes desirable. For very retiring folks

one or more prior visits, which should include a meal, can be helpful. It is wise for the Welfare Officer to enquire carefully into the toilet habits of the prospective resident. Where these are unorthodox, simple arrangements at the Home can prevent the onset of incontinence, with all the ensuing difficulties of diagnosis and treatment.

(b) Emergency Consultations (3)

In-patient treatment was arranged for an elderly female vagrant with bronchitis. A resident of an Old People's Home was seen at the request of the family doctor to confirm that he was not suffering from an infectious condition. At the request of the Matron another resident was seen as he was dying and in pain and his own doctor not immediately available; after contacting the general practitioner concerned a drug was prescribed.

(c) Provision of domiciliary equipment (43 visits)

Most of these referrals come from hospital consultants. Straight-forward arrangements are usually made by the Welfare Officers (supply of walking aids and arrangement of household adaptation) or by the Domiciliary Occupational Therapists (aids to daily living). However, sometimes the medical situation is complex, especially when the supporting relative is not in the best of health, and in such cases priority for the claims on the various domiciliary services must be based on full medical information from the consultant or family doctor.

(d) Handicapped Workshop

Few problems arose with the present settled group of workers. When the next applications are discussed by the Workshop Manager and Disablement Resettlement Officer, the Senior Assistant Medical Officer will be present as an observer, so that medical liaison commences at the earliest possible moment.

(e) Miscellaneous (11 visits)

It was feared that procedure under Section 47 of the National Assistance Act, 1948, would be necessary in two households, but fortunately persuasion prevailed.

Some situations required tactful action. For example, a parcel of linen from an incontinent patient was found to be infested with fleas on arrival at Shotover View. Investigation was followed by disinfestation of an outhouse at the patient's home. The opportunity was then taken to draft instructions for users of the Incontinent Laundry Service, so that this useful work does not become heavy, unpleasant or hazardous for the laundry employees.

(f) A Medical Officer to each Old People's Home

A member of the medical staff of the Department is appointed a Medical Officer to each Home:

Barton End	Dr. Lawrence
Cuttesslowe Court	Dr. Lawrence
Iffley House	Dr. Hall
Marston Court	Dr. Blenkinsop
Oseney Court	Dr. O'Sullivan
Shotover View	Dr. Tilley
Townsend House	Dr. Tilley

The Matron of the Home can then call on this doctor at any time for medical help and advice in connection with such matters as an outbreak of infection, too many ill residents for the available staff, etc. This arrangement is, of course, additional to the personal medical service given to each resident by their own general practitioner.

SECTION IX

ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., F.A.P.H.I., F.R.S.H.
Chief Public Health Inspector

In presenting this report on our work during the past year, it is interesting to comment on the fact that while the variety of interest continues with many problems to be dealt with, the highlight of the year was probably a decision to introduce a measure of specialisation within the department. In view of the need to give particular attention to special branches of the work, a measure of specialisation was agreed by the Health Committee and senior posts were created for Inspectors concerned with responsibility for Shops and Offices Act (2), Housing Surveys, etc. (1), Clean Air (1), Food Hygiene (1), and Pest Control (1). In addition to carrying out their own district work, these Inspectors, other than the Senior Inspectors for Food and Housing, are available for general City oversight of their special subjects with co-operation by the other District Inspectors when required. It is hoped this will stimulate greater interest in the various subjects and higher standards of achievement.

Insofar as complaints were concerned, it was again notable that more than 50% were concerned with infestation by rats and mice, etc. Sanitary conditions of dwellinghouses occupied by aged persons once more gave rise to concern and it is evident that such conditions are likely to become a more frequent source of activity. The care of animals involved inspections under the Pet Animals Act, the Riding Establishments Act, and the Animal Boarding Establishments Act. A certain amount of concern was caused by one or two premises, including the question of licensing Greyhound Stadium kennels. Good progress was made by the end of the year in connection with the Animal Boarding Establishment at Headington and it was eventually decided that the Greyhound Stadium kennels were outside the province of the Act. The premises of pet animals gave little cause for concern.

Duties under the Offices, Shops and Railway Premises Act became our responsibility during the year and seem likely to cause much extra work for some time to come. The investigation of accidents is, of course, a new departure so far as our work is concerned. There was a rush of applications and a constant flow developed throughout the latter half of the year. Considerable interest was displayed in the general requirements of the Act and there was an almost embarrassing spate of Regulations and memoranda from Ministry sources. It is clear that H.M. Government are anxious to provide Local Authorities with as much guidance and information as possible but some has been issued far too late to help early work on the implementation of the Act. This was particularly the case insofar

as Sanitary Accommodation Regulations were concerned, for plans by Architects could not be based on factual information. Local Authorities are themselves required to comply with official standards and H.M. Inspector of Factories is the appropriate officer in the case of premises occupied by the Crown, Local Authorities and British Rail. Close liaison was therefore established in early course with the Government Inspectorate and with officers of the various City Departments in order to ensure that general conditions were satisfactory.

Pest control work was not as well covered as usual during the year for only two men were available for the outside duties. Frequent advertisement failed to secure a third. Limited sewerage treatment against rats was possible in West Oxford towards the end of the year but results were disappointing.

Another Smoke Control Area was confirmed during the year but only half the original size, due to the higher costs involved in meeting the new standard of appliances required. This is based on the cost of openable stoves suitable for the burning of solid fuel. Gas fires and electric night storage heaters of comparable cost have also become popular as sources of domestic heating. Costs are now running some three or four times those of ten years ago when the Clean Air Act first reached the statute book. It is hoped to extend our operations to the Botley boundary next year and perhaps it may not be too much to hope that annual addition to Smoke Control Areas may thereafter be possible until we have a "Smokeless City of Spires" all gleaming in the winter and summer sun!

Interest in chimney heights was provoked by the issue of a Ministry Advisory Memorandum. Despite the guidance given, based on specialised knowledge, there was conflict of interest apparent in relation to architecture, planning and engineering and it was not always easy to resolve differences of opinion in respect of appropriate heights of chimneys. Of course, the City skyline is a matter of considerable importance, but efficient dispersal of effluent and effective safeguarding of health is surely even more important than mere aesthetic appearance.

While improved arrangements by Messrs. Lucy and Company in connection with their factory smelting processes reduced nuisance during the year, there was considerable trouble concerning their meadow side development, which involved installation of turbines and a heating boiler. The question of chimney height gave rise to considerable discussion. There was also much complaint regarding excessive noise and vibration. Electrical heating may be employed for the factorial smelting process next year, which should still further improve the effluent conditions, but there still remains unsolved the creation of possible nuisance from the meadow side factory.

The British Motor Corporation Works continue to be a source of concern in connection with industrial fan noise and paint odour. Special investigation into the paint odour problem showed up certain factors but

by the end of the year little progress had been achieved because of difficulty in securing a multi-temperature recorder. A prototype fan silencer was produced and is hoped to be tested early in 1965. The coppers of Messrs. Morrells Brewery are now automatically fired with coal and are no longer giving rise to smoke emission.

Noise measurement continues, for noise complaints are inevitable nowadays and both tape recorder and noise meter are proving invaluable for investigation work. Complaints vary considerably in type and extent and early abatement, particularly where industrial processes are concerned, is not always easy. On the whole, responsible people react quickly to complaints and seem anxious to do whatever possible to secure abatement or reduction of noise level.

A new interest developed during the year in complaints involving the dry cleaning trade. It became clear during the year, despite claims to the contrary by trade representatives, that effluent from the machines can be—in certain circumstances—a health hazard. Some staff in the City Treasury were upset by such effluent from a dry cleaning business operating below the offices and other instances came to light later which emphasised the need for care in operating the dry cleaning processes.

Housing activity continued as usual—difficulties becoming more apparent when dealing with border-line cases of unfitness. A special Housing Inspector has been appointed to give more particular attention to housing conditions with surveys for improvement area purposes. With co-operation of the City Engineer's staff, it is hoped to investigate the possibility of more progressive improvement activity. There are far too many houses in the City quickly deteriorating because of lack of maintenance. Many lack adequate standard of amenity because of the inability or unwillingness of owners to spend money on them—even with Grant Aid. Indeed, there seems insufficient forward look in housing generally—sufficient for the day being the evil thereof! Further generations may have to pay heavily for present neglect. There is no doubt that redevelopment of St. Barnabas area will need to be considered well in advance of practical proposals if confusion and unnecessary difficulties are to be avoided. May it be hoped that any new road proposals will not bedevil proceedings in St. Barnabas like those in St. Ebbe's!

In the realm of meat and food activities it is pleasing to record the general co-operation of management and staff in the butchery trade. It is notable that insofar as slaughter of animals and inspection of carcase meat is concerned, there was little in the way of overtime required, despite a 25% throughput increase, and the restricted days and times of slaughter worked well, not without fears to the contrary. There is little meat produced in the City slaughterhouses for sale beyond the City area and this factor, together with increased facilities for cool storage of carcase meat, has undoubtedly improved the situation. There is still need for additional cool storage accommodation so as to enable carcasses to be held .

for a sufficient period between slaughter and sale to ensure adequate ripening and tenderising of the meat.

Highlights in the food section during the year were an increase in the use of cartoned milk in automatic machines, which are spreading throughout the City; the result of the survey of catering premises, and a spate of mouldy food complaints giving rise to a number of prosecutions. There is no doubt that there is need for more care in the handling, display and storage of perishable food and continued carelessness in this regard might well result in even higher fines in future cases. It seems eminently desirable in this modern age to develop the use of non-returnable containers for general milk supply and perhaps it is not too much to hope that the milk bottle is on its way out. Food and drug sampling emphasises the importance of proper labelling, for there is still much room for improvement in both labelling and advertisement of foods throughout the food trade. Dishonest claims should be dealt with severely and the public protected from their own folly in being too easily attracted by fancy advertisements and exaggerated food quality claims. Our Local Consumer Group continued their interest in certain aspects of our work and this is considered all to the good.

Radiation is a new but topical subject for our Annual Report and, although at present more academic than practical to Inspectors generally, it is obviously a developing subject and one requiring our continued interest. The control of use and disposal of radiating materials is of vital concern because of undoubted health hazard.

Changes in the emphasis on work were inevitable during the year with the appointment of extra staff and the adoption of specialisation. Thanks are expressed to Mr. French, the Senior Administrative Assistant, who transferred to the Estates Department after three years' service, and Mr. Woodward, his successor from Ipswich, is welcomed. Mr. Alan Rees was appointed second pupil in training for the Public Health Inspectors' Diploma but several attempts to secure a third pupil locally were unsuccessful, despite repeated advertisements. One Outside Technical Assistant for the Inspectorate was secured but a second post remained vacant at the end of the year. It is pleasing to record the success of Messrs. D. Saffin and P. Davis, Pupil Public Health Inspectors, who qualified as Public Health Inspectors during the year, being immediately appointed to the staff to fill vacancies as District Inspectors.

The success of Mr. Andrew Flockhart, a District Inspector, in securing the University Diploma of Social and Public Administration was also notable, for he advanced still further by securing admission to St. Peter's College (entry 1965) to study P.P.E., also being awarded a mature State Scholarship. He will be leaving the profession and looking further afield for a more satisfying career. Mr. Davis has also indicated that he will be seeking fresh interests. This will mean the loss of two recently qualified Inspectors, both of whom have doubts about Public Health Inspection as

a career. This is a matter of some concern in view of the time and expense involved in training young men for the work, which, while not uninteresting, has obvious limitations in career prospects to hold progressive thinking men. May it be hoped that improved salary prospects will attract and hold more entrants. It seems apparent that continued attempt should be made to provide satisfying careers to those who spend four years in training for the Diploma and enter a branch of public service very varied and interesting but not always considered so important, as it obviously is, in the field of Public Health.

I am grateful once more to all staff for their loyal support and help in another busy year and would underline my gratitude to Mr. S. J. Garrod, my Deputy, for a most vigorous and useful year's support. While we can be reasonably satisfied with the achievements of 1964, it is hoped that 1965 will be no less successful and worthwhile. As usual, the Report is presented in three Sections(A)—General Sanitary Circumstances, (B) Housing Conditions, (C) Supervision of Milk, Meat and Other Food Supplies.

(A) GENERAL SANITARY CIRCUMSTANCES

(i) Complaints and Inspections

The list below gives the number of complaints of various kinds received during the year and indicates a slight decrease in numbers compared with those received last year. Rodent infestations were particularly heavy, although there was a considerable decrease in the number of complaints about wasp infestations. An increase in complaints regarding unwholesome food was notable, otherwise the general picture is very similar to those of previous years.

Complaints	No.
Accumulations of Refuse	18
Choked and Defective Drains	33
Defective Water Closets	4
Defective Water Supply	2
Dirty or Verminous Premises	29
Fumigation and Disinfection	33
General Housing Defects (including dampness)	56
Infestation by Insects and Pests	119
Infestation by Rodents	730
Infestation by Wasps	166
Keeping of Animals	10
Noise Nuisance	19
Obstructive Constructions	3
Offensive Odours	55

Overcrowding	13
Refuse Accommodation	4
Smoke Nuisances	21
Unwholesome Food, Containers and False Descriptions ..	138

1,453

Number and Nature of Inspections

Animal Nuisances	23
Drainage	404
Housing	1,463
Interviews	747
Licensed Premises	386
Lodging Houses	39
Miscellaneous	1,262
Multi-occupation	250
Overcrowding	11
Pet Animals	23
Pharmacy and Poison Sellers	163
Piggeries and Stables	94
Rats and Mice	8,619
Refuse Storage and Accumulations	260
School Premises	39
Shops Act	207
Tents, Vans and Sheds	139
Verminous Conditions	45
Water Sampling	70
Insect Pests	952
Noise Nuisances	424
Health Education	27

Atmospheric Pollution

Smoke Control Area	481
Smoke Observations ($\frac{1}{2}$ hour)	7
Smoke Observations (Casual)	212
S.O. ² Recording Stations	1,019
Boiler Plants	124
Grit and Odour	192
Clean Air Interviews	62

Food Hygiene

Food Hygiene Regulations	3,114
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(ii) Sanitary Circumstances of Aged Persons

Each year brings one or two cases involving insanitary housing conditions of elderly people and this year was no exception. There is no doubt that there will be other cases from time to time as welfare representatives find, through visitation, circumstances which are unsatisfactory and require urgent attention. We are available for assistance in respect of eradication of vermin, spraying or fumigation of premises and general co-ordination of action with the Cleansing Section of the City Engineer's Department wherever refuse or unwanted material must be removed. It is also often necessary to seek the assistance of the R.S.P.C.A. Inspectors to deal with pets and other animals belonging to elderly persons. Five cases of unsatisfactory conditions were dealt with during the year, two involving elderly women, one a brother and sister living in insanitary premises, and one a middle-aged diabetic woman who lived in circumstances which were quite deplorable, there being over 200 fouled milk bottles found on the premises which were in an extreme condition of dirt and filth. Collaboration with the family and the assistance of well-meaning helpers and staff together, succeeded in securing renovation of the premises, refurnishing of rooms and a considerable improvement in the daily routine of this unfortunate person.

It is pleasing also to report the interest of the International Voluntary Society—a group of undergraduates who offer their services in a variety of ways, including redecoration and cleansing of premises, gardening, assistance with odd building jobs for elderly people and a host of other ways of doing good work where it is most needed. This sort of voluntary work is to be commended and one often wishes there were even more instances of interest by young people in the conditions of the elderly, the lonely, and those bereft of friends and relations who should be visited and assisted wherever possible. There will be constant growing need for this sort of work in years to come as the ageing population provokes problems associated with lack of relatives, absence of friends and others interested in their personal problems during the few remaining years of old age.

(iii) Lodging Houses

The Church Army Hostel in Cambridge Terrace and its annexe continue, as before, to serve the City area. The Charles Street annexe has been continued in occupation following a partial demolition which was unfortunately necessary. 108 bed spaces are available for working men, with emphasis laid on those who are in work and need lodgings rather than vagrants who may be unsatisfactory and cause trouble in the Hostel. Of course, the position of Oxford approximately half-way between the Banbury and Newbury areas unfortunately means that there is a constant flow of such persons through the town. From time to time they give rise to trouble through sleeping rough, often in condemned and empty dwell-

ings or wherever there seems an opportunity for a rest overnight. There is usually ample evidence left of their resting period for insanitary habits are rife among them. Fortunately few cases of vermin have been reported and, indeed, only two persons required treatment for body infestations.

The disinfectant at the Slade Hospital continued to be available as required for sterilisation of clothing, and parcels of clothing to be sent abroad to certain countries are still treated from time to time. The Welfare Services Section have available at the Homeless Families Unit, Slade Park, facilities for treatment of pediculosis. Clothing is, by arrangement, sterilised at the nearby Slade Hospital. D.D.T. powder (10%) is used in treatment, together with thorough bathing and any other necessary attention. Happily there has been little need for the services—certainly insufficient to justify a special treatment centre for this sort of work. There are throughout the City, of course, a considerable number of multi-occupied houses as well as lodging accommodation for workers and students but such premises have not so far given much cause for concern regarding verminous conditions. Clearly inspection is desirable as and when staff conditions permit but it is not anticipated that conditions found will be extreme insofar as general sanitary circumstances are concerned.

(iv) Moveable Dwellings

There are only 15 caravans in the City, one more than last year, and 7 sites remain licensed, mainly for single caravans. There are a further 67 caravans occupied without licences (being exempt under the provisions of the Act) the majority of them being occupied by members of the labour forces used in and around the City for building operations and road-works. A considerable number of caravans continue in occupation outside the City on the fringe of the boundary and beyond. These are occupied mainly by workers in the City factories and many of them are on the Housing List as potential Council tenants. Few problems have arisen in connection with local caravan dwelling, which is well under control in the City and should not afford any major problem to the department.

(v) Offensive Trades

There are no registered offensive trades within the City. The marine store dealer operating in St. Ebbe's is likely to move away in due course as development proceeds in the St. Ebbe's region. No nuisance was reported during the year from the operation of his business and it is not anticipated that any further development of this kind is likely within the City. The increasing tendency for unwanted motor-car bodies to appear from time to time is, however, noted in isolated spots and away from general view. Whether this habit will grow sufficiently to create a major problem to the Police and Cleansing Department is questionable but such a state of affairs may well develop in view of the general increase in car

ownership and the growing tendency for shorter life of motor-cars in general.

(vi) Drainage

33 complaints were received during the year with regard to choked or defective drains, being fewer than the 50 reported during 1963. All were dealt with appropriately by the owners or the drainage section of the City Engineer's Department through collaboration between our staff and the Building Inspectors. The drainage section of the City Engineer's Department are always helpful and promptly available wherever reports involving combined drains or sewers are involved.

(vii) Riding Establishments, Stables and Piggeries

One riding establishment only remains within the City and, although conditions were reported as reasonable, it seems clear that under the new Act coming into force during 1965 there will be doubts about the future of this establishment. A full veterinary report will be required and after assessment, a recommendation to the Health Committee will be made and this will almost certainly require considerable renovation and rebuilding work—or closure. There was a reduction of two in the number of piggeries recorded during the year, there being 21 known to operate within the City, and some 50% of these are registered under the Diseases of Animals (Waste Food) Order. This requires that adequate sterilisation of swill used for feeding the animals on the premises be carried out subject to supervision from time to time by Public Health Inspectors. 94 inspections were carried out of stables and piggeries during the year and conditions generally proved reasonable. There has been a surprising absence of complaint concerning these premises, although occupiers are well aware of the need for a reasonable standard of cleanliness and regular attention to manure removal and drainage clearance, etc. 174 inspections of poultry and fish shops were carried out during the year and during the inspections checks were made on the condition of crates and containers used for the transport of poultry and fish. Quarterly reports were given to the local Divisional Veterinary Officer of the Ministry of Agriculture, Fisheries and Food, who is responsible for the control of fowl pest and other notifiable diseases of animals and poultry and he in turn informs the Ministry. The action taken in connection with condition of containers from time to time emphasises the need for regular cleanliness and washing out of crates so that there is less risk of transferring disease from place to place.

(viii) Pet Animals

Seven premises were licensed under the provisions of the Pet Animals Act during the year and 23 visits were made to investigate circumstances. Again conditions were found satisfactory and no complaints were received. There seems little to worry about in connection with the premises so far

dealt with under this Act, despite a fairly regular trade in pet animals from the premises, which are all well up to standard and satisfactorily operated.

So far as the Animal Boarding Establishments Act is concerned, four premises were considered in connection with control under this legislation—the Greyhound Kennels at the Oxford Stadium operated by trainers in close collaboration with the stadium management; two private premises at Headington, one run by a lady as a boarding establishment for cats; and another premises used for some time as a private boarding establishment for one or two dogs during the holiday season only; another at the Slade was a popular holiday boarding establishment with part of the premises made available to the Police and the R.S.P.C.A. as an animal pound for stray animals. It was eventually agreed that the Greyhound Kennels did not come within the provisions of the Act and the cat and dog boarding premises were in every way suitable and were duly licensed. Insofar as the premises at the Slade were concerned, considerable discussion took place with the owner and proprietor of the kennels and eventually a scheme of improvement was agreed whereby kennels were re-designed and rebuilt involving a considerable amount of internal alteration of the premises. By the summer the premises had not been completely remodelled but permission was given to board animals in the approved portion during the summer months with arrangements made for continuation of the work during the winter. At the end of the year, work was still in progress and expected to continue for some time before the whole premises could be classed as satisfactory under the Act. There is still room for improvement of the portion used as a pound for stray animals and it is hoped that this will be achieved during 1965.

(ix) Factories and Workplaces

38 persons were on the Outworkers' register at the end of the year, being persons carrying out work in their own domestic premises under arrangements with traders who send work to them. The activities involve mainly dress-making, tailoring, toy filling and the like and 25 visits were made during the year in connection with the outworkers' premises. All were found satisfactory.

Outworkers (Sections 133/134)

Nature of Work	Section 133	Section 134
	Number of Outworkers Notified	Number of Contraventions
Wearing Apparel Making, etc.	26	Nil
Stuffed Toys	12	Nil
Textile Weaving	—	Nil
Jewellery	—	Nil

167 inspections of factory premises were made during the year with particular regard to the condition of sanitary accommodation and general conditions, particularly in those factories wherein no mechanical activities were operating. These are few in number, and needed little in the way of official action. The following tables show the numbers on the register, together with the number of inspections, notices, etc.

Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspec- tions	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	45	11	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	400	153	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	8	3	—	—
Total	453	167	1	—

Defects found in Factories

Particulars	Number of cases in which defects were found				No. of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.)	—	—	—	—	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ..	—	—	—	—	—
(b) Unsuitable or defective	—	—	—	2	—
(c) Not separate for sexes	—	—	—	—	—
Other offences (not including offences relating to Homework)	—	—	—	—	—
Total		—	—	2	—

(x) Offices, Shops and Railway Premises Act, 1963

This Act, passed in 1963, required registration of premises to be carried out from May, 1964. The provisions relating to health, safety and welfare came into operation on 1st August, 1964, and this is the first of the annual reports required to enable the Minister of Labour to make his official report annually as required by the Act. The Local Authority of the City of Oxford decided that their Public Health Inspectorate were the most suitable officers to operate the health, safety and welfare provisions, with the fire precautions referred to the Fire Authority and, of course, it is laid down that H.M. Inspector of Factories will be responsible for factory office premises, Crown premises, Local Authority offices and railway premises generally. It was estimated that something in the region of 2,000 premises might need attention throughout the City and arrangements were made to deal with the large number of applications likely to be received within a short time of the Act coming into operation. There was, indeed, a considerable number received in the early months after May but staff coped nobly with the general flood and a special file was created for storing the O.S.R.I. application forms with the essential particulars. Special forms of similar size were stencilled containing a fairly detailed description of the various matters to be dealt with under the Act. This was felt desirable so that Inspectors had an opportunity of covering all the points when making inspection.

The City was divided into two divisions, each under the general supervision of a Senior District Inspector, although the work generally was carried out by the District Inspectors in collaboration with the two officers concerned. It was also felt desirable to make the two Senior divisional officers responsible for accident enquiries under the Act in order to give them experience of the general administration of that part of the legislation. The number of premises registered are given in the table appended—showing a total of 1,527 by the end of the year. A total of 1,012 visits of all kinds were made by Inspectors to registered premises during the year. The number of premises inspected totalled 189; 55 being offices, 127 retail shops and 7 catering establishments, all inspections being full inspections under the Act. There were still registration forms being received at the end of the year and it is likely that these will continue for some time thereafter. Of course, there will be constant change in the responsibility for some premises as firms and occupiers move about.

As will be noted, there were no inspections of wholesale shops and warehouses or fuel storage depots. Inspections of these will be carried out early in the new year so as to give a better cross section of the conditions in all types of premises. The number of notices served was 119, being 63% of the number of full inspections, and, as might be expected, the majority of the notices involved the provision of first-aid kits and thermometers, although 26 premises required washing facilities to be provided or improved. None of the 19 accidents recorded was serious. Follow-up

inspections were made in all cases, however, in order to gain experience in this new branch of our work. As full inspections are time-consuming, it is hoped to appoint two Technical Assistants during 1965 in order to assist in the routine work.

The department agreed to be responsible for advising, as necessary, various departments of the Local Authority of their responsibilities under the Act in anticipation of the visit by H.M. Inspector of Factories and arrangements were also made for collaboration with the City Estates Surveyor in connection with the assessment of the numbers of thermometers, first aid kits, etc., required to comply with the Act. Our own Health Department sections were visited by members of the staff and arrangements completed for the distribution of the necessary items. Meetings were held with representatives of various departments and collaboration established with the Fire Officer and his Fire Prevention Officer.

It may also be mentioned that your Chief Public Health Inspector was invited to address a one day Conference held at the Connaught Rooms, Kingsway, London, in early November, under the auspices of the Industrial Welfare Society, when representatives from a number of industries and commercial undertakings attended for the purpose of considering the requirements of the legislation. The address was well received, and helpful and interesting discussion took place.

(A) Registrations and General Inspections

See pages 180 and 181

(xi) Pest Extermination

Three Outside Assistants continued to be employed by the department for pest control purposes. The Agreement scheme in connection with commercial premises continued with regular survey and treatment where necessary and the quarterly accounts continued to be served. There was a slight reduction in the amount received, the annual amount reaching £605 15s. 0d. as against £644 during the previous year. This was due to the termination of a contract with one of the food factory premises in the City. The scheme continues to be acceptable to many colleges and commercial undertakings and occupies a fair amount of the time of one of the Outside Assistants. There is general attention given to complaints of infestations of all kinds, mainly involving rats and mice, sometimes cockroaches (happily less common nowadays), and Pharoahs ants—which again have not been so numerous this year at the hospital premises in the City. Anti-fly treatment and destruction of wasps' nests continue to occupy some time each year—anti-fly precautions being carried out in the Spring, while treatment against wasps is often a major occupation in the late summer and early autumn. There was fortunately a considerable reduction in the number of calls for destruction of wasps' nests during the year as it is a time-consuming occupation, although highly appreciated

(A) REGISTRATIONS AND GENERAL INSPECTIONS

Class of Premises	Number of premises registered during the year	Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
Offices	568	568	55
Retail Shops	791	791	127
Wholesale Shops, Warehouses	42	42	—
Catering establishments open to the public, canteens	122	122	7
Fuel storage depots	4	4	—
Totals	1,527	1,527	189

TOTAL NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES UNDER THE ACT—1,012.

(B) ANALYSIS OF CONTRAVENTIONS

Contraventions in respect of	Found	Contraventions in respect of	Found
Sec. 4 Cleanliness	Nil	Sec. 13 Sitting Facilities	8
Sec. 5 Overcrowding	Nil	Sec. 14 Seats for sedentary workers	Nil
Sec. 6 Temperature	105	Sec. 15 Eating facilities	Nil
Sec. 7 Ventilation	16	Sec. 16 Floors, passages, stairs	12
Sec. 8 Lighting	6	Sec. 17 Fencing of exposed parts of machinery	1
Sec. 9 Sanitary Conveniences	11	Sec. 18 Protection of young persons from dangerous machinery	Nil
Sec. 10 Washing facilities	44	Sec. 19 Training of persons working at dangerous machinery	Nil
Sec. 11 Supply of drinking water	5	Sec. 23 Prohibition of heavy work	Nil
Sec. 12 Accommodation for clothing	12	Sec. 24 First Aid—general provisions	133
		Total	353

(C) Exemptions—Nil.

(D) Prosecutions—Nil.

Number of complaints (or summary applications) made under section 22—Nil.
Number of interim orders granted—Nil.

(E) Inspectors

1. Number of inspectors appointed under Section 52 (1) or (5) of the Act—12.
2. Number of other staff employed for most of their time on work in connection with the Act—1.

(F) Reported Accidents

Workplace	Number reported		Total Number Investigated	Action recommended			
	Fatal	Non-Fatal		Prosecution	Formal Warning	Informal Advice	No Action
Offices ..	—	3	3	—	—	—	3
Retail Shops ..	—	12	12	—	—	4	8
Wholesale Shops, Warehouses ..	—	3	3	—	—	1	2
Catering establishments open to public, canteens ..	—	1	1	—	—	—	1
Fuel storage depots ..	—	—	—	—	—	—	—
TOTALS ..	—	19	19	—	—	5	14

None of the 19 accidents reported during the year could be regarded as serious but all were investigated and informal advice was given in appropriate cases. The causes of these accidents were extremely varied but 8 resulted from falls or slips, mainly from steps or ladders, or collision with furniture and other objects; 3 accidents occurred during the use of knives or other cutting instruments when preparing food; in 2 cases scratches were caused by meat bones and 2 accidents involved head injuries when the persons concerned were entering lifts.

(G) Administration

All Public Health Inspectors are authorised officers for the Act and two Senior Inspectors act as Divisional Officers for the City area (East and West). They investigate all accidents and have general oversight of the District inspections carried out. So far little difficulty has been experienced in practice.

by rate-payers. Regular attention is given to the City refuse tips, and visits paid to the sewage works where rat destruction work is carried out as necessary.

Treatment of the City sewerage system against rats was carried out during the year, there being 123 manholes treated during December using (as last year) 2% Fluoroacetamide with pin-head oatmeal as the bait base. Again 4 oz. quantities were used in light-weight paper sweet bags and manholes treated were those which resulted in positive takes on the last occasion. The following table shows the comparative takes for 1963/64.

				1963	1964
Manholes baited	..	..	..	294	123
Complete takes	..	..	..	102	28
Partial takes	..	..	..	24	39
Total takes	..	..	..	126	67
Positive results	..	..	..	42.86%	54.45%

The picture suggests less infestation than formerly but there were too many apparent complete takes for any feeling of satisfaction and it is obvious that a further attempt must be made during the coming year to find the true extent of infestation in the City sewers. The shortage of labour for the actual work proves difficult at times and one can only hope for a better state of affairs in 1965 so that a proper and more complete coverage of the system can be carried out. It was pleasing to record the co-operation of the City Engineer's staff and that of the Chief Constable in connection with the treatment.

Professor Varley and his staff of the University Entomology Department again were very helpful in the realm of general insect infestation, with a ready willingness to identify specimens and help with advice. The usual table under the Prevention of Damage by Pests Act, 1949, is appended, together with details of the visitation by operatives in connection with the work.

Prevention of Damage by Pests Act, 1949

Report for Year ended 31st December, 1964

	TYPE OF PROPERTY				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (including Council Houses)	(3) All other (including Business Premises)	(4) Total of Cols. (1) (2) & (3)	
Number of properties in Local Authority's Dis- trict	382	30,028	6,155	36,565	20
Number of properties in- spected as a result of:					
(a) Notification ..	29	340	95	464	—
(b) Survey under the Act	—	—	—	—	—
(c) Otherwise (e.g. when primarily visited for some other purpose) ..	50	1,456	2,216	3,722	—
Total inspections carried out—including re- inspections	427	4,796	3,396	8,619	20
Number of properties in- spected which were found to be infested by:					
(a) Rats { Major ..	—	—	—	—	—
{ Minor ..	26	374	113	513	—
(b) Mice { Major ..	—	—	—	—	—
{ Minor ..	14	79	49	142	—
Number of infested proper- ties treated by the Local Authority	40	453	162	655	—
Total treatments carried out—including re-treat- ments	99	484	199	782	—
Number of notices served under Sec. 4 of the Act					
(a) Treatment ..	—	—	—	—	—
(b) Structural work ..	—	—	—	—	—
Legal Proceedings ..	—	—	—	—	—
Number of "block" con- trol schemes carried out	—	—	—	—	—

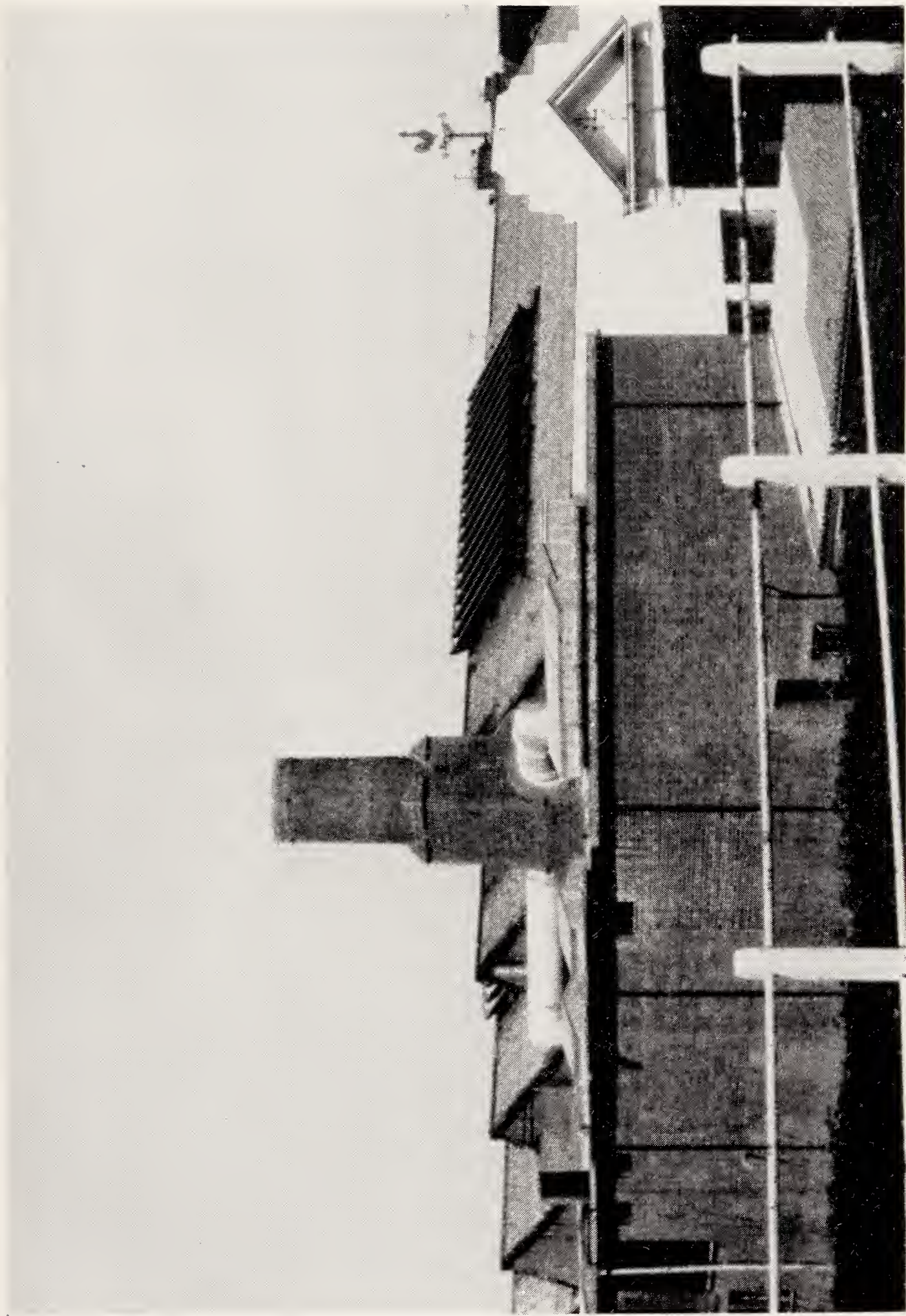
Visits by Operatives in connection with Rodent Extermination

Local Government Premises						<i>Totals</i>	
1st Visits	..	..	..	..	..	28	
Re-visits	..	..	..	..	..	377	405
Dwellinghouses							
1st Visits	..	..	..	..	..	447	
Re-visits	..	..	..	..	..	3,340	3,787
Business Premises							
1st Visits	..	..	..	..	..	76	
Re-visits	..	..	..	..	..	836	912
University Premises							
1st Visits	..	..	..	..	..	18	
Re-visits	..	..	..	..	..	344	362
							<hr/>
							5,466
							<hr/>
Poison							
Baits Laid	..	..	..	..	..	10,980	

(xii) Atmospheric Pollution

As anticipated in my last Report, it was possible to present Smoke Control Area No. 4 for consideration during the year and this was confirmed in November. It covers some 196 acres, containing about 1,100 premises, of which 660 are dwelling-houses, 357 commercial premises, 20 industrial undertakings and 29 others, including 6 colleges, several churches and church halls. The area was confirmed on the basis of there being sufficient premium solid fuel available and also adequate coke of the Sunbrite variety. There seems a reasonable likelihood of the N.C.B. "Homefire" fuel being available from the new unit near Coventry, although price may have much effect on its popularity. Together with increased production of the premium fuels—Coalite and Rexco—there should be no difficulty in meeting all reasonable demands within the next few years.

Emphasis is being placed on the use of openable stoves because of their greater efficiency and ability to burn most types of solid fuel without difficulty. There is, of course, considerable interest apparent in gas and electricity as domestic fuels and, indeed, gas interests are pressing on rapidly with attractive offers of gas heating systems for dwellings and commercial premises. Oil interests are also active in advertising systems for central heating of dwellings and, of course, for industrial and commercial buildings. Central heating installations for dwellinghouses on deferred payments over a period of years are being offered by all fuel in-



AN UNFORTUNATE COMPROMISE

terests. There is no doubt that for those who are interested in central heating, this is an excellent way of securing overall heating at a reasonable cost, bearing in mind the efficiency of the systems and the greater comfort achieved throughout the dwelling.

Following re-arranged staffing and the appointment of a Technical Assistant, a Senior Inspector, with the Assistant, was able to press on with the Clean Air programme so that the extension of the No. 4 Area should be ready during 1965. Thereafter it is hoped to produce areas in regular sequence for operation year by year. Special attention will, of course, be needed to costs in each area because of the greater expense now involved in Clean Air operations. There is, however, no doubt in my view that it will be money well spent. By 1st July, 1965, there will be just under 1,000 acres involving 3,756 dwellings covered by Smoke Control provisions.

Close collaboration continues with Planning and City Building Departments in connection with plans involving chimney heights, installations of fuel burning equipment and the like. Some 25 notifications of the installation of furnaces were received during the year and three applications for Prior Approval were granted. 25 plans involving the heights of chimneys were dealt with, all being approved after agreement had been reached with architects, heating engineers and the City Planning Department. There is much interest apparent in the question of chimney heights and considerable time has been spent in discussing various situations with those involved in the erection of chimneys in the City. The Oxford skyline is, of course, unique and Planning Committee are most anxious to safeguard it without undue interference with efficient combustion and removal of effluent. The provisions of the Advisory Memorandum issued by the Ministry have been adhered to as closely as possible, although clearly there are many cases where the Memorandum is not easy of application and compromise is often necessary. There are also many cases of interest to the department which do not come within the provisions of the Memorandum, although the circumstances warrant particular regard and action to avoid possibility of downwash of effluent and local pollution.

It is interesting to note that the cupola of Messrs. Lucy and Company was much improved in operation during the year. Few complaints were received and it is now understood that electrical heating will be developed at this foundry in early course. The suggestions made by the Iron Foundries Association expert were most helpful and smelting under the new conditions has proved less troublesome. There were still, from time to time a few complaints about the burning of smokey fuel on the Blackbird Leys Estate but warnings were immediately issued and no statutory proceedings proved necessary. Residents on the estate also occasionally complain about charred paper and smoke from the incinerators of the B.M.C. Works, which, however, on the whole were well operated during the year. It is clear that complaints may always be expected from residents in Smoke

Control Areas which adjoin industrial undertakings where smoke is permitted up to the Ringelmann 2 shade without offence under the Clean Air Act.

Our investigations into paint odour from the B.M.C. Works did not result in much progress during the year because of the difficulty of securing a special multi-channel temperature recorder for use in the stoving system. It is hoped that the use of such a special recorder for assessing temperature will give information likely to prove of value in amending the system of heating. There were also occasional complaints about paint odour from the Morris Radiator Factory in North Oxford but this was slight and did not warrant action other than regular attention to the tank used for receiving paint effluent at factory roof level. The mechanical firing of small coal at Messrs. Morrells Brewery was successfully adopted in connection with the brewing coppers and it is pleasing to record an absence of complaint regarding smoke from this brewery during 1964.

One can say with confidence that City residents generally are smoke conscious and the area reasonably free from excessive emissions while sulphur trend appears at last to be slightly downward, with considerably less solid pollution. Readings are taken for purpose of the National Survey operated by the Stevenage Laboratories of the D.S.I.R. Five daily recorders are operating and one of them is a multi-port recorder which was assembled in the office and eventually placed at the Apprentices' School of the Pressed Steel factory. It is operating successfully and reduces the need for daily visits so it is hoped soon to increase the number of this type of instrument. A number of lead peroxide appliances are still in use and the averages are given with the readings taken by the daily recorders on the following pages.

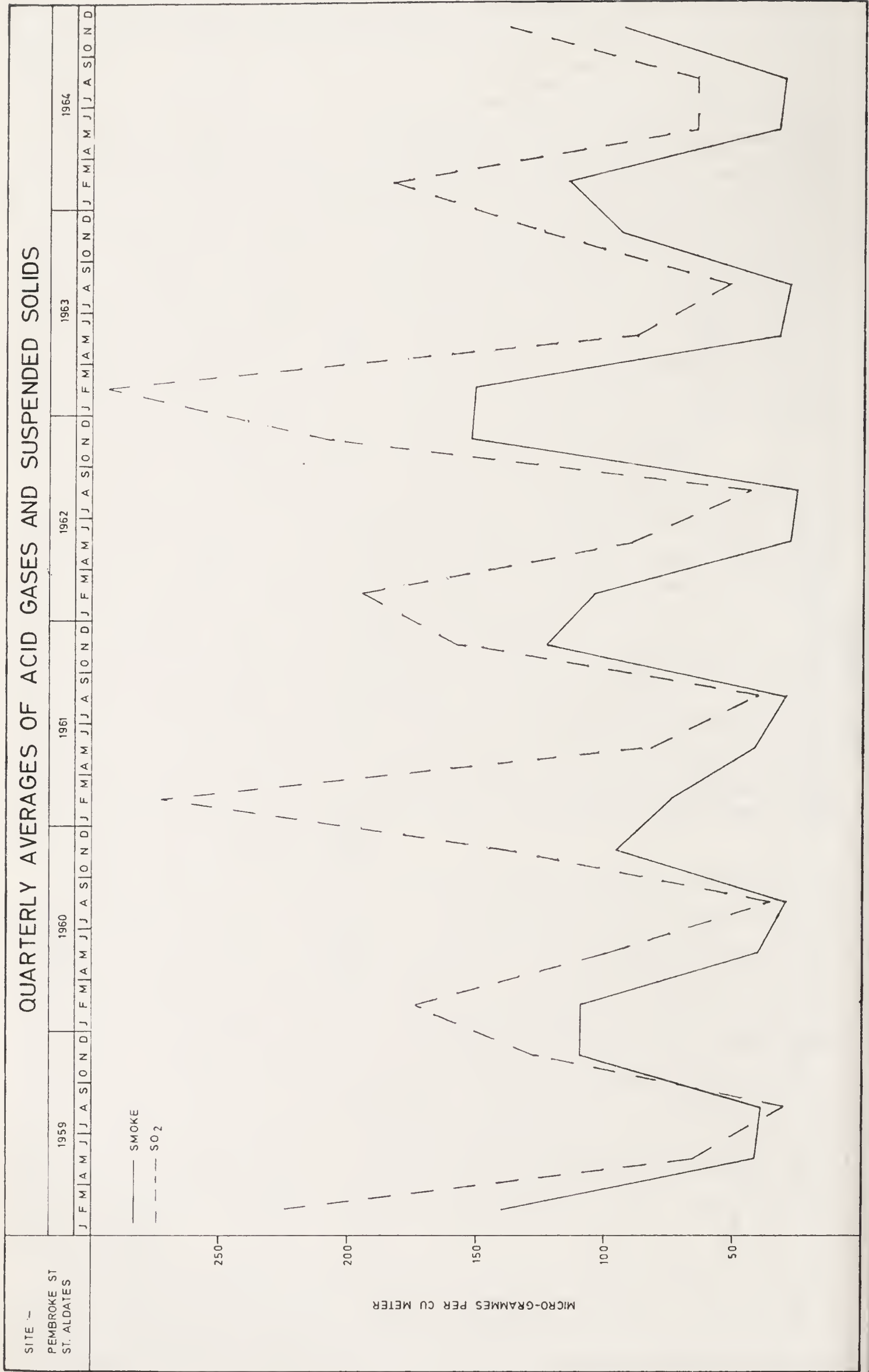
During the year, certain complaints regarding effects of effluent from Dry Cleaning Plant were received—perhaps the most persistent being in relation to a moderate sized plant operated on the ground floor of the new City Chambers occupied by departments of City Treasurer, Estates and Education Officers. Clerical staff immediately above the shop using the plant complained continually throughout the summer of headaches and nausea attributed to the odour of effluent clearly apparent when windows were opened. Investigation confirmed the emission of vapour from this plant, being that of Perchloroethylene—a fat solvent of high efficiency developed of recent years and now replacing petroleum products and the dangerous toxic Carbon Tetrachloride for large scale cleaning purposes.

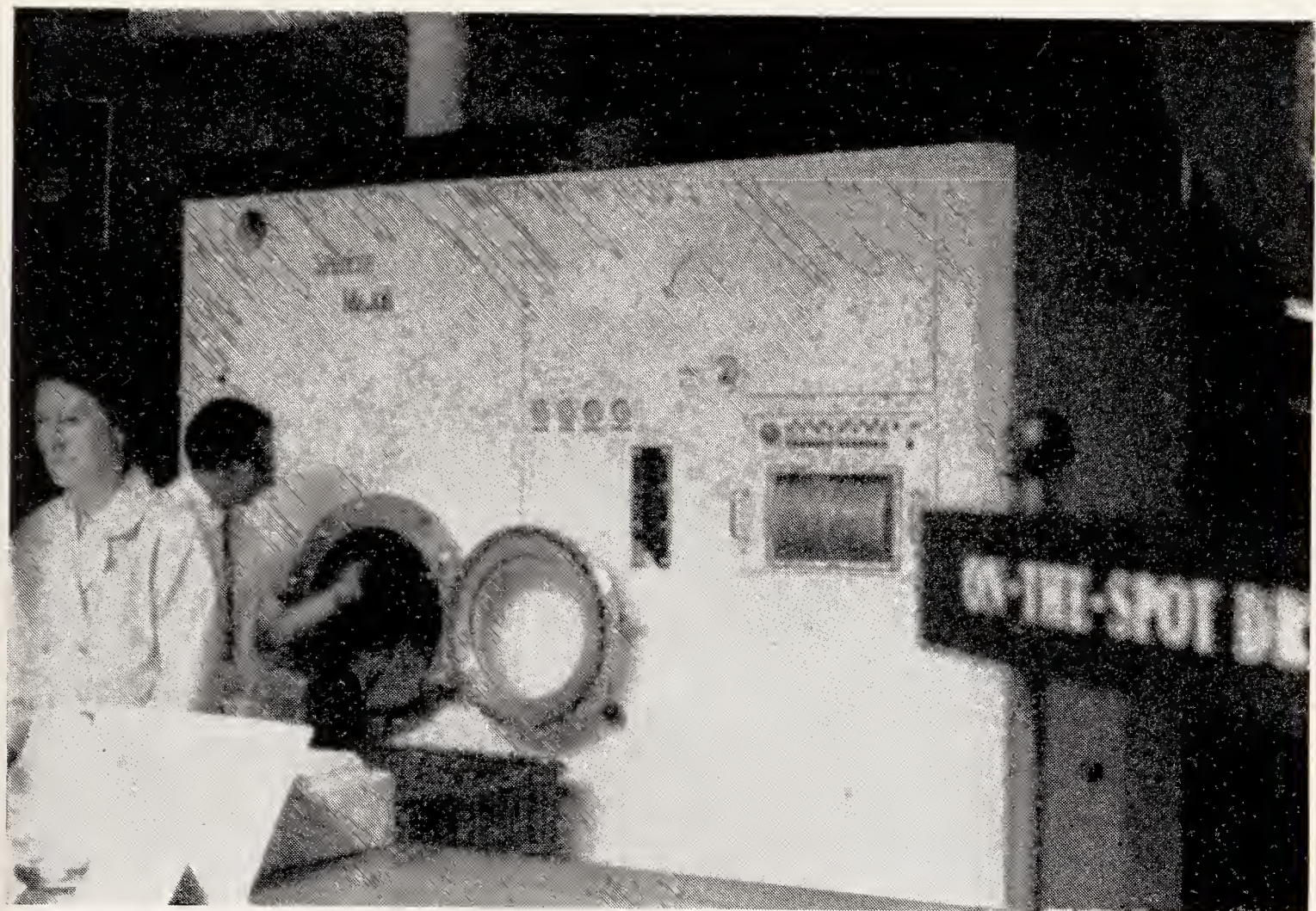
Enquiries were also received from local Consumer Advisory Council members about dry cleaning hazard because of interest shown by an American member—following two fatalities in America associated with dry cleaning fluids. A general survey of dry cleaning installations in the City was therefore undertaken with interesting results—not completed by the end of the year. It was, however, noteworthy just before the end

SO2 TRENDS

ANNUAL AVERAGES LEAD PEROXIDE STATIONS







EMPTYING THE DRY-CLEANING CYLINDER



DRY CLEANING—REAR OUTLETS UNDER OFFICES

of the year, that another incident involving dry cleaning premises and illness of staff on adjoining premises proved the importance of our investigation work.

In a basement treatment room—apparently well ventilated for the purpose—was a modern, fairly large dry cleaning plant with an outlet connection to a brick flue situated in the division wall between the dry cleaning premises and those of a shoe sales shop. The staff of the shoe firm were continually complaining of nausea and headache, and occasionally of giddiness. It was found, on careful search, that the flue was blocked and, because of failure in recovery process, considerable quantities of Perchloroethylene vapour were entering the flue and seeping through the brickwork into the store cupboard of the shop, which was constantly visited by shop staff. Hence the headaches, nausea, etc. Prompt action by the dry cleaning firm to disconnect the plant, overhaul and re-ventilate the system brought immediate relief to the unfortunate staff of the shoe shop.

Consequently, further detailed examination of dry cleaning premises and installations was undertaken, and at the beginning of 1965 an invitation to your Chief Public Health Inspector to write a paper on the subject for the "Public Health Inspector" monthly journal was accepted. It is apparent that despite all assurances by the Dry Cleaning trade as to comparative freedom from danger to health—certain hazards exist which should be emphasised—particularly relating to need for adequate ventilation and care in disposal of any excess of unused vapour. This, in any case can be reduced to negligible proportions by the use of efficient recovery apparatus usually incorporated in modern dry-cleaning plant.

Once again your Chief Public Health Inspector represented the City on the Council of the National Society for Clean Air and was re-elected Chairman of the South-East Division. Alderman Bromley and Councillor Constable continue to support the Society as representatives of the Health Committee. It is a pleasure to record once more thanks to the various persons who have helped in this section of our work. These include the Head of the Inorganic Chemistry Department of the University for assistance through Mr. F. Parker, the Senior Technical Assistant, who continues to assess sulphur levels from the lead peroxide instruments, Professor Gilbert of the University Geography School for meteorological assistance and the Chief Engineers of B.M.C. and Pressed Steel factories, who continue their interest. The cleansing and restoration of many College buildings in the City centre and University precinct continues to give an air of brightness and cleanliness to the area—favourably commented upon by visitors. It is hoped that this work will be well worth-while in view of the reduced likelihood of atmospheric pollution in the central area of the City and University precinct.

(xiii) Noise Nuisances

Some 19 complaints regarding noise nuisances were received during the year and were investigated and action taken to secure abatement. All were dealt with informally and it is interesting to record the willing way in which persons or firms responsible for unnecessary or unreasonable noise were prepared to act, on request, to reduce nuisance. The various complaints involved quite a number of different noise sources—cars in car parks and near residential property; a loud hailing system in a factory causing nuisance to nearby residents; dogs caused noise while being kept as pets—in one case an operation being carried out on a dog in an attempt to reduce excitability. (The end result was that the family moved away from the district and the nuisance ceased). A late night visit to a factory by Police was alleged to be the cause of one complaint! A new turbine and electricity generator at the factory of Messrs. Lucy and Company caused considerable concern to residents in Southmoor Road. Acceleration of the alternator and boosting of the turbine on sudden calls for current were blamed for excessive noise, although readings taken in the vicinity of the dwellings were not found excessive. Vibration was also complained about although never assessed as serious. Road drills caused concern on one or two occasions but nuisance was of short duration. It is perhaps worth mentioning that noise suppressors are now available for road drilling implements and are said to be reasonably successful without much reduction of efficiency. Noisy vehicles used in depots and factories were included in the list of complaints, but by negotiation, reasonable hours were adhered to, and noise kept to a minimum, much to the relief of nearby residents. Dance music from a club was also the cause of complaint on one or two occasions and band bookings were eventually withdrawn.

There was a particularly persistent complaint regarding night noise from refrigeration apparatus at one deep freeze depot. It was found that refrigerated vehicles were being charged as well as parked adjoining the deep freeze refrigeration unit. By reversing the vehicles into the yard, it was possible to create a sound barrier in one direction, which had certain beneficial effect, and by careful timing of the fan coolers of the refrigeration unit, night noise was considerably reduced. Eventually, arrangements were made whereby the firm moved to new quarters and at the end of the year it was confidently anticipated that more restricted use of the premises would result in happier conditions for the nearby residents.

Investigation into the noise from the B.M.C. factory paint shop by the staff of Southampton University Acoustics Department resulted in a suggestion for a special silencer and a prototype was constructed by the firm and eventually erected on one of the ducts with seemingly satisfactory results. Considerably more work is needed, however, before assurance that the use of such silencers generally will be worth while. This work was proceeding at the end of the year. A Dawe Sound Level Meter was again

used for assessment of sound pressure levels and interest was expressed by the City Architect's Department in the use of the instrument for assessing vehicle noise levels in parts of the City likely to be subject to redevelopment and associated with new road proposals. A report was being prepared at the end of the year, which should prove quite interesting.

Noise complaints are certainly now proving a regular source of activity for Public Health Inspectors generally and the study of conditions giving rise to noise is one which must form an important part of future environmental hygiene activity. Every effort should be made at the outset of any area development to anticipate excessive noise creation, particularly where industrial processes are likely to operate, so that precautions at planning stage may obviate nuisance when operations commence. The siting of noisy operations well within factory development and not on the edge seems essential where residential property is anywhere near the factory premises. Managements are now appreciating the need to give this careful thought in factory development in order to avoid unnecessary expense and the trouble which inevitably follows complaint and investigation into excessive noise from their operations.

(xiv) Radiation Hazards

This new paragraph in the Report is called for by reason of the growing interest in, and need for control of, the general use of radioactive material in the realms of medicine, chemistry, physics, engineering and general industry. The proximity of Harwell Atomic Research Establishment and its Culham branch, and also activities at University level at Oxford, make it all the more important that interest in this modern subject be maintained and developed.

The Radioactive Substances Act of 1960 requires the careful control of use, storage and disposal of radioactive material coming within the purview of the Act and its Regulations. Certificates of Registration are issued, as appropriate, by the Ministry of Housing and Local Government. Meticulous care is required to ensure that all active sources are properly controlled, used, stored and disposed of so as not to be a hazard to the public health. Copies of Registration Certificates issued by the Ministry are forwarded to the Local Authority and the Town Clerk ensures that copies are sent to the interested departments for their information and action where necessary. 25 such Certificates were received by the department during the year relating principally to storage, use and disposal by the University Departments, the Radcliffe and the Churchill Hospitals. Notification of disposal of active substances from these registered premises is received regularly through the courtesy of the Radiation Protection Officer, Mr. R. Oliver, M.A., M.Sc.

It is clearly apparent from these notifications that disposals are far below the maxima laid down in the Certificates granted and every precaution seems to be taken to ensure that the proper control of such disposal

is practised whether it is by means of public sewers or by tipping on the Port Meadow controlled tip. It is understood that the Ministry are now embarking on a special monitoring programme in future to emphasise the adequacy of controls at present in force and it should prove interesting to read the results of this exercise when the early stages have been concluded.

(xv) Swimming Baths and Bathing Facilities

Instructional pools for schools continue to be provided and Wolvercote Primary, Cowley St. James and Cutteslowe Schools all had pools completed during the year. The Milham Ford Girls' School open swimming bath is now in use and improvement of the old static treatment pool at the Nuffield Orthopaedic Hospital has been completed. A skimming, filtering and treatment unit has been installed, which appears to be giving good results. The water of the public swimming baths at Temple Cowley and the open Hinksey Pools are sampled regularly by the City Water Engineer's staff, while supervision and testing of school pools' water is carried out by school staff with the advice of Public Health Inspectors available from time to time. Public Health Inspectors also visit at regular intervals to assess general conditions, chlorine content, etc.

41 samples were taken from school pools for bacteriological investigation and 10 from the baths at the Nuffield Orthopaedic Hospital. The paddling pool at Blackbird Leys Estate was also sampled. 6 samples showed large coliform counts with signs of gross pollution, one being from the Blackbird Leys paddling pool, 2 from the Nuffield treatment baths and 3 from school pools. Enquiry and re-sampling was carried out with satisfactory results after appropriate steps had been taken. The open bathing places on the Rivers Thames and Cherwell continue to be popular during the summer months but no samples were taken from these sites. General conditions are very good in all bathing pools and public baths, supervision generally being satisfactory, and the growing popularity of swimming pools and swimming tuition is a matter affording considerable satisfaction to all concerned.

(xvi) Water Supply

Report of the City Water Engineer (Mr. H. H. Crawley, M.I.C.E., P.I.W.E.).

Rainfall during 1964 was well below average and as a result the flow of the River Thames, the source of supply, was greatly reduced over a period of about $3\frac{1}{2}$ months. The lowest flow recorded at Swinford was 19 million gallons a day and occurred on the 5th October, 1964.

Despite these conditions the supply to consumers was adequate and no restrictions had to be imposed.

The total quantity of water treated at Swinford Works and pumped to supply during 1964 was 3,604,701,000 gallons, an increase of 218,689,000 gallons on the quantity treated in 1963.

After deducting metered supplies the average consumption per head per day was 28.4 gallons.

The quality of the water supplied was satisfactory.

Bacteriological Examinations

Samples of water from the River Thames were taken each month, together with samples after settlement, after filtration and of the final water leaving Swinford Works. Examinations of these samples were made by the Public Health Laboratory and gave the following ranges in the probable number of coliform bacilli (2 days at 37°C) per 100 ml.:—

River Water samples	..	..	250 to 9,000
Settled Water samples	..	..	0 to 4
Filtered Water samples	..	..	0 to 0
Final Water samples	..	..	0 to 0

Bacteriological samples were taken at least weekly from each of the various service reservoirs and from consumers' taps throughout the area of supply with the following results:—

Place of Sampling	Total No. of samples taken	Results		Satisfactory samples as percentage of total number %
		Satisfactory	Unsatisfactory	
Beacon Hill Reservoir	52	52	—	100
Headington "	53	51	2	96.2
Shotover "	52	52	—	100
Boars Hill "	62	50	12	80.6
Brasenose "	54	52	2	96.3
Wootton "	56	50	6	89.3
Consumers' Taps	211	204	7	96.7
Totals ..	540	511	29	94.6

Chemical Analyses

	Raw Thames Water		Filtered Water	
	Max.	Min.	Max.	Min.
Physical Characters:—				
Turbidity: units	12.0	4.0	1.2	.25
Colour (Hazen)	50.0	21.0	40	3
pH	8.4	7.4	8.1	7.2
Electrical conductivity at 20°C ..	626	517	620	502
	Parts per million		Parts per million	
Chemical Characters—				
Total Solids dried at 180°C ..	456	348	448	343
Chlorides as Cl.	46	25	48	28
Nitrite Nitrogen	Present	nil	nil	nil
Nitrate Nitrogen	7.4	5.4	6.9	5.0
Ammoniacal Nitrogen .. .. .	.56	.01	.60	.02
Albuminoid Nitrogen .. .. .	.43	.13	.24	.10
Oxygen absorbed: 4 hrs. at 27°C	2.43	.82	1.68	.43
Alkalinity as CaCO ₃	252	189	243	178
Hardness as CaCO ₃ :—				
Carbonate	249	189	243	178
Non-carbonate	84	52	94	64
Total	319	248	320	248
Free carbon dioxide as CO ₂ ..	Trace	nil	14	Trace
Residual chlorine	—	—	.30	.04
Metals	nil	nil	nil	nil
Phosphate as PO ₄	11.6	2.0	.74	.02
Silica as SiO ₂	18.6	6.0	8.0	.50
Fluorides .. .. .	.17	.14	.17	.14
Detergent as Manoxol O.T. ..	.40	.10	.40	.10

The number of dwelling houses in the City is 29,850, all of which are directly supplied.

In addition there are 82 caravans supplied by standpipes.

The total population of the City is 108,880, of which it is estimated there are 205 persons living in caravans.

(xvii) Sewerage and Sewage Disposal

As reported last year, the sewerage system is operated under the jurisdiction of the City Engineer and Surveyor, Mr. J. Campbell Riddell, B.Sc., M.I.C.E., M.I.Mun.E., and sewage is dealt with in a modern sewage pumping and purification plant situated at Littlemore. Effluent discharges into the River Thames via the Sandford brook and is not completely satisfactory in quality, although much has been done to meet the demands of the Thames Conservancy Authority in this regard by creating a large new settlement lagoon which has been successful in greatly improving the standard of final effluent.

The average throughput at the treatment plant is approximately 7½ million gallons per day and it is understood that tenders for an extension scheme are now being dealt with in an attempt to increase capacity by some 50% to a maximum of about 10 million gallons per day. Sludge

disposal continues to be a problem but additional sludge disposal arrangements are being made, which it is hoped will be in operation by the end of 1965.

Cesspools serving premises within the City number about 97 and these continue to be emptied at regular intervals, usually by a privately operated pumping unit which serves the district. No complaints of nuisance have been received during the year in connection with the emptying of cesspools.

(B) HOUSING CONDITIONS

Housing activities during the year involved the making of 20 Orders, made up of 4 Demolition Orders and 16 Closing Orders, and also 40 Certificates of Unfitness on properties owned by the City Council. 35 houses were demolished during the year (somewhat less than during the previous year) although 49 families were rehoused, which was an increase of 12 over the number during 1963. 38 of the 60 premises subject to penal action were in the St. Ebbe's redevelopment area where clearance has continued—the area now consisting almost wholly of car parks, which are well used throughout the year. Of course, the land is not bringing in any rate return and unless, and until, the road enquiry is finalised, little can be expected in development in the area. It is hoped that before the end of 1965 the Ministry will have given a decision and the City Council will be able to proceed with orderly redevelopment and so secure rateable value from land which has lain desolate far too long.

Further consideration has been given to the St. Barnabas area, which will need some attention in the foreseeable future, and it is hoped that when redevelopment commences opportunity will be taken to co-ordinate the works of the various departments involving redevelopment, planning, rehousing, slum clearance action, etc., so that the long period of disorder experienced in St. Ebbe's may be avoided. To avoid untidiness and disorder in an area being cleared of houses is not easy unless complete clearance can be achieved in a comparatively short space of time with immediate redevelopment thereafter. A desirable aim would be to organise something on these lines in due course when St. Barnabas is ready for redevelopment proposals. These remarks are made in the light of certain happenings in the north-east corner of the area where approximately 60 properties have been purchased by a private development company who have failed to continue with their proposals, despite the rehousing of occupants with some assistance by the City Council. The houses concerned have become derelict with vandalism rife, drain openings choked and partial demolition only carried out. This has now come to a stop and the whole area presents a scene of considerable devastation rather reminiscent of war-time and certainly worse than former conditions in St. Ebbe's. Complete clearance of this area in early course is highly desirable, whatever the decisions made regarding its future, and it is hoped that this will not

be long delayed. At the other end of this area it is understood that some development by the Clarendon Press may be possible and this brings within sight the possibility of considering the future development of the area as a whole in more detail.

A number of properties have been dealt with in St. Clement's although the area still needs further attention, but again action is likely to be held up pending a clearer picture of redevelopment proposals. The figure of 250 unfit houses in the City may possibly need slight amendment in the light of further inspection. It is hoped during 1965 to appoint a Specialist Housing Inspector to take part in active housing work in collaboration with the District Inspectors as a means of securing a picture of the areas in the City likely to prove suitable for Improvement Grant procedure. It was pleasing to collaborate with the City Engineer's Department in organising a highly successful meeting on Improvement Grants in the East Oxford area where a new attempt is to be made to interest residents in Improvement Grant Work. As reported last year, the Marlborough Road area in South Oxford just beyond Folly Bridge had been surveyed for Improvement Grant procedure and well over 400 houses had been recorded in the area. Continuous effort by members of the City Engineer's Department failed to produce anything like a successful outcome. There were difficulties in securing suitable houses for demonstration purposes and of interesting owner-occupiers, many of whom are somewhat aged and without funds, and landlords generally seem not enthusiastic about spending money, even with Grant Aid. Many tenants, elderly and unprogressive in outlook, do not appreciate the importance of saving houses for future generations and do nothing to encourage works of improvement which could go so far towards making life easier and more hygienic. It is hoped that in 1965, inspection of houses in East Oxford may find many available for Improvement Grant work and that, following initial survey by this department, collaboration with the City Engineer's Publicity Officer may produce positive results. It is clear that the work is difficult, frustrating in the extreme, and time-consuming. Many visits are required at all times, including evenings and weekends, if proper contact and discussion is to be achieved. That the work is worth-while seems undoubted and comments made after showing the film, "The Bronze Horses" at the meeting in East Oxford gave ample evidence of interest created by Improvement Grant work. Certain improvements already achieved in South Oxford area and elsewhere evoked favourable comment. Nevertheless, progress is not encouraging. Much work will need to be done to achieve the desirable goal of improved amenity in all sound older houses, coupled to the carrying out of essential repairs so as to ensure longer life and improved external appearance.

In the realm of multi-occupation the figure achieved during the previous year was doubled, being 235 houses recorded by the end of the year with some 250 visits made in connection with the investigation of



CRANHAM STREET AREA

conditions. On the whole conditions found were not extreme, despite the increase in the number of immigrants arriving in the City. Few cases of real concern became obvious during the year and it is pleasing to note the fairly quiet way in which integration of coloured population seems to be taking place throughout the City. There is, of course, from time to time, evidence of a little unease, and occasional cases of unsatisfactory conditions arose, but when one considers the general circumstances in many other large towns where high immigrant figures are apparent we are fortunate that there is not a greater prevalence of overcrowding and insanitary circumstances. Opportunity is taken to offer advice wherever possible and close co-operation is maintained with the City Treasurer in respect of mortgage applications, there being quick follow-up of all cases likely to lead to multi-occupation. Health Occupation Numbers assessed in connection with such proposed multi-occupation are given in early course with advice regarding necessary repairs or amenities required to secure compliance with the City's Regulations.

Land Charge enquiries numbered 1,835—being a slight reduction on the number last year—but there is still a keen interest sustained in house purchase throughout the City. Land is in shorter supply than ever and infilling progressively difficult. Flat development seems inevitable in larger amount than before.

The new Cowley Centre continued to develop during the year and is proving a thriving commercial centre in the built-up Cowley area of the City.

Repairs and Improvements carried out, 1964

Items	Dwelling Houses	Food Premises	Other Premises	Total
Accumulations Removed ..	—	4	2	6
Animal Nuisances Abated ..	1	1	—	2
Cooking Accommodation ..	—	30	—	30
Dampness Remedied	6	—	2	8
Dustbins	—	4	—	4
Drains Tested	—	—	—	—
Drains/Waste Pipes Cleared ..	2	1	—	3
Drains/Waste Pipes, etc., Repaired	2	—	—	2
Doors/Windows Repaired ..	2	7	—	9
Ditches/Streams Cleansed ..	—	—	—	—
Floors Repaired/Renewed ..	8	48	—	56
Food Cupboards	—	1	—	1
Gutters, Spouting	20	—	—	20
Hot Water Supply	—	4	1	5
Lighting Improved	1	3	1	5
Manure Pits Emptied/Rep./Improved	—	—	—	—
Piggeries Cleansed/Repaired ..	—	—	—	—
Roofs Repaired/Renewed ..	13	1	—	14
Rooms Cleansed/Redecorated ..	—	—	—	—
San. Accom. Prov./Rep.	4	7	3	14
San. Accom. Cleansed and Redecorated	—	15	7	22
Sinks/Wash Basins Rep./Prov. ..	—	19	—	19
Sites Cleared	35	—	52	87
Smoke Nuisances (Industrial) ..	—	—	—	—
Smoke Nuisances (Clean Air Zone)	—	—	—	—
Stables Cleansed	—	—	—	—
Ventilation Improved	1	2	1	4
Walls and Chimneys (External) ..	—	—	2	2
Walls and Ceilings (Internal) ..	12	40	2	54
Water Supply Prov./Reinstated ..	—	—	—	—
Water Heaters Provided	—	4	—	4
Water Supply Installed	—	—	—	—
Yards Repaired, etc.	—	10	—	10
Other Nuisances	14	90	9	113
Totals	121	291	82	494

(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES**(i) Milk and Milk Products**

There was an increase of 10 distributors on the register at the end of the year, the total being 129. There was also an increase of 10 in the number of self-service machines providing milk in cartons. There were 32 in all in the City at the end of the year and signs that there would be even more installed during 1965. This is particularly likely at the Cowley factories.

With such an increase apparent it may also be pertinent to remark that all the 16 failures of the Methylene Blue keeping quality test were concerned with cartons of milk from automatic machines. This often points to failure on the part of the proprietors to turn over stock properly

and constant reminder of this fact is being given to retailers concerned with automatic machine milk sales. There seems little reason to worry over a period of up to 48 hours in an automatic machine so long as the milk has been hygienically handled during the filling operations and the carton is itself bacteriologically satisfactory. Unsold milk in cartons over a weekend and beyond the 48 hour period may fail the Methylene Blue test on the Monday or later if left in the machine. Retailers are therefore being encouraged to give particular care to the coding, filling and examination of cartoned milk in future so as to avoid constant failures of milks from their machines as such incidents could very well lead to consideration being given to proceedings under the provisions of the Food and Drugs Act, Section 2, for "sale of food not of the quality demanded".

Can it be hoped that bottles as containers for milk are on the way out? I, personally, would like to think so. The condition of many hundreds of bottles found during the year after having been used for a variety of purposes sometimes "beggared" description. How foul in habit can some members of the public be? Non-returnable containers are surely the answer if complete freedom from such shocking conditions is to be avoided. The public would, I feel sure, be prepared to pay for the privilege—if this seems to be a major obstacle—unless there is, of course, considerable opposition from the glass trade—which would not be surprising considering the enormous trade in glass bottle production. There also seems, through reason of staff difficulties, a possibility of reduced numbers of deliveries per week in the milk trade. With the reduction in untreated milk sales this event is not to be wondered at for it seems a little unreasonable to expect a regular daily delivery of heat treated milk, which, in any case, could be kept easily for 48 hours in cool conditions, more particularly if a refrigerator were in use.

No untreated milk is sold within the City, pasteurised milk being the rule, and this is a relief to Health staff because of the unfortunate risk of infection from raw milk, despite the almost complete eradication of tuberculosis from milk herds. Unfortunately Brucellosis still exists and also other pathogenic infections at present eradicated only by efficient pasteurisation. It seems this year, on the basis of our Gerber milk tests, that milk quality has improved somewhat but there is still concern nationally at the low figures of non-fatty solids in some milk supplies. Much of this is, of course, absorbed in the bulking process and our general average figures of non-fatty solids seem reasonable enough. 143 samples of Channel Island milk examined from the general supplies in the City showed an average of 4.53% fat, being the same as last year, with non-fatty solids at 8.87%, slightly better than last year's figure of 8.78%. 248 samples of ordinary pasteurised milk showed the same fat content as last year strangely enough, being 3.68%. Solids-not-fat, however, dropped slightly from 8.61% to 8.55%. The official standards continue to be 4% fat for Channel Island milk and 3% fat for ordinary milk with solids-not-

fat at 8.5%. As already stated, all 16 failures of keeping quality in milk sampled related to supplies from automatic machines. It should also be noted that the Warneford Hospital herd has been abandoned and no untreated milk is now available from that source. General stores selling milk in their shops numbered 97 as against 84 last year, and sterilised milk is, of course, still available from certain shops in the City, although it does not appear to be growing in popularity. 26 samples of milk from school supplies all satisfied the Methylene Blue keeping quality test and all 338 samples of pasteurised milk submitted to the Phosphatase test proved satisfactory, so assuring adequate treatment. 39 samples of sterilised milk were examined by the Turbidity Test and only one failed, the reason for the failure not being discovered. No examination of heat treated milk for Tuberculous infection was carried out during the year. The following table gives results generally.

Milk Sampling Results

			Samples tested	Satisfactory	Failed
Raw Milk					
(Methylene Blue Test)					
T.T. (Farmbottled)	..		—	—	—
T.T.	..	..	—	—	—
Ungraded	..	..	—	—	—
Total	..	..	—	—	—
Heat Treated Milk					
(Methylene Blue Test)					
Pasteurised	..	..	231	215	16
T.T. Pasteurised	..	..	92	92	—
Total	..	..	323	307	16
Heat Treated Milk					
(Phosphatase Test)					
Pasteurised	..	..	239	239	—
T.T. (Pasteurised)	..	..	99	99	—
Total	..	..	338	338	—
Heat Treated Milk					
(Turbidity Test)					
Sterilised	..	..	39	38	1
Total	..	..	39	38	1

Ice Cream

102 samples were examined during the year, being 16 less than last year. 92 were declared satisfactory, being within Grades 1 and 2, and only 10 were graded 3 or 4 and therefore considered unsatisfactory. 4 of these were from one supplier who operated vehicles within the City. Examination of his vehicles suggested unsatisfactory standards of cleanliness. Immediate attention given to the vehicles concerned resulted in

improved results. 4 other samples were from two restaurants and were due undoubtedly to unsatisfactory serving technique which improved after advice had been given. 12 samples were taken for quality analysis, being 3 less than last year and showed a slight reduction in fat content at 9.25% as against 9.53%, while sugar content showed an average of 16.3% as against 14.06%—total solids were also slightly up at 34.5% as against 34.2%. The lowest fat content discovered was 5.45%, even lower than last year's figure of 5.8%, but just above the legal minimum of 5% and therefore genuine.

41 ice lollies were sampled during the year and only 2 proved unsatisfactory, being from the supply of the same firm showing unsatisfactory ice cream quality from their mobile vehicles.

(ii) Clean Food Campaign

(a) Inspection of Food Premises

3,114 inspections under the provisions of the Food Hygiene Regulations were carried out during the year, as against 2,778 during the previous year. Interest was stepped up in the condition of kitchens and restaurant hygiene by the appointment of Mr. J. G. Scott as a Senior District (Food) Inspector to specialise in food hygiene. Mr. Scott has already proved his interest in this subject by producing a most useful paper on College kitchen hygiene after his long experience in dealing with problems at the various Colleges throughout the University area. His activity during the year proved well worth-while, nearly 100 extra items of improvement being achieved and a thorough inspection of all College kitchens and City restaurants was almost complete by the end of the year. A brief summary of some of the points resulting from the survey are given below.

180 premises were covered throughout a period extending until March 1965 and these comprised:—

Restaurants, cafes, etc.	105
Colleges and other University premises	45
Factory and Staff Canteens	18
Miscellaneous group including hospitals, hostels, clubs, etc.	12

(Schools or other premises carrying out catering within the City Council organisation are not included in these figures).

The provisional gradings of the premises make interesting reading, being as follows:—

Category A (full compliance with Regulations)	99	(55%)
Category B (found to need minor attention)	62	(34%)
Category C (falling short of the standard considered necessary in greater or lesser extent)	19	(11%)

The sizes of the premises were grouped as follows:—

Seating capacity of dining area—up to 30	..	..	31	(19%)
31—50	..	..	36	(20%)
51—100	..	..	42	(23%)
over 100	..	..	51	(28%)
Other premises (Colleges, etc., capacity being uncertain)	..	..	20	(10%)

Interesting figures regarding hand drying showed that roller towels were used in 66 or 37% of the premises; individual towels in 40 (22%), while dispenser type towels were found in 48 premises (27%), paper towels 24 (13%), and hot air driers in only 2 or 1%. These figures suggest that progress is not as advanced as it should be in connection with hygienic hand drying facilities, for roller towels are considered out of date and undesirable.

The type of washing facilities available in the premises is also of some interest in that one sink was in use in each of 39 premises; 2 or more sinks (usually the two sink method) in 107; and dish washing machines installed numbered 49. It should, of course, be mentioned that duplication of sinks and dish washing machines occurs in several premises. In 153 premises a commercial type of detergent was in use for washing up.

61 of the premises, or 34%, are open after 10 p.m. for the service of refreshments. 79 premises (44%) were found to have sanitary accommodation on the premises available for public use. (Section 89, Public Health Act, 1936, as amended). It was interesting also to note that no less than 101 premises, or 56% were using single refrigerators for the storage of both cooked and raw meats.

All premises falling short of the full requirements of the Food Hygiene Regulations have been made the subject of notices requiring full compliance, and warnings have been issued as to likelihood of statutory proceedings if early attention is not given to the requirements of the Regulations.

There should not in future be any excuse for any kitchen or restaurant being below standard, all having had the benefit of Mr. Scott's inspection and advice, with extra support, where needed, from the Chief and Deputy Chief Public Health Inspectors. 26 "on-the-spot" notices were served, being the same number as last year, 5 of them being necessary at the St. Giles' Fair. These peremptory notices are of great value and certainly draw immediate attention to the matters which require particular action, failing which warning is given of Health Committee consideration of Prosecution. No statutory proceedings were necessary during the year, although it cannot be said that all the circumstances were satisfactory. Proprietors of food premises are now aware that there is no excuse for ignorance of the requirements of the Food Hygiene Regulations. A number of warnings were given where appropriate and there is no doubt that most proprietors take them seriously.

Staffing conditions and problems continue to bedevil the catering trade in the City and we realise that it is most difficult for firms to secure satisfactory staff and, indeed, even hold them when appointed. However good the premises and ideal the situation, staff can neglect good hygiene standards at any time and there is always this in mind when inspecting premises within this City of full employment.

(b) Inspection of Food Hawkers' Vehicles. (Oxford Corporation Act, 1953).

87 hawkers of food were on the register at the end of the year and 16 stall holders at the Oxpens open market operate food businesses. 421 inspections of these vehicles and stalls were made during the year and no contraventions were found which required other than warnings, which, in any case, were quite few in number. In general the standard is good and constantly improving and it is hoped that this trend will continue.

Inspection of Food Premises

Premises	No.	Inspections
Bakehouses	14	132
Butchers	85	525
Cake Shops	33	144
Confectioners	96	71
Dairies and Milk Depots	16	101
Fishmongers and Poulterers	20	174
Preparation and Service of Food	241	1,441
Fruiterers and Greengrocers	88	235
Grocers	240	1,019
Ice Cream Manufacturers	7	54
Miscellaneous (including Ice Cream Retailers)	—	1,512
Market Stalls, Hawkers, etc.	103	421
St. Giles' Fair Food Stalls	50	678
Visits <i>re</i> sampling	—	556
Public Houses and Social Clubs	149	386

(c) Hygiene, Education and Publicity

There were continued calls for the services of the Chief and Deputy Chief Public Health Inspectors and also Mr. Scott for lectures and demonstrations in the general field of food hygiene. Talks were given to various groups, including medical and nursing staff, Women's Guilds and Institutes, food staffs, apprentices in food trades and in engineering tutorial classes, domestic science pupils and various groups of school children. The Oxford Consumer Group prove most stimulating in this field—showing interest in various food hygiene matters and at all times being a source of help and encouragement towards further progress in the realm of hygiene generally. There is considerable interest demonstrated in our local coloured slides as well as other items prepared for the department—meat and food specimens and insects, etc., which always prove helpful in talks and demonstrations.

(d) Hospital and College Hygiene

Again it is interesting to note that the hygienic conditions of hospitals is kept under review in co-operation with the officers of the various local hospitals. Advice is given with regard to food hygiene and pest destruction work. Regular attention continues to be given to infestations of Pharoah's Ants at the hospitals as and when notified, and under our Contract system, operators give regular attention to complaints regarding the presence of cockroaches, flies and other insects. Such work is also carried out in a number of Colleges by arrangement with the College Bursars and it is pleasing to record general co-operation from the College staffs in this connection. Interest has also been shown in the refuse collection system at the Radcliffe Infirmary, which is now specially organised in view of disposal of the refuse collected in disposable sacks by incineration at the Churchill Hospital. This seems to be operating satisfactorily, no complaints having been received during the year. Incombustible refuse is, of course, removed by the City Cleansing Department and disposed of at the Corporation tip. 70 visits were made to hospital premises in regard to general hygienic matters during the year.

(iii) Meat Inspection

Regular daily meat inspection from Monday to Friday is carried out at the slaughterhouses at Eastwyke Farm and the Co-operative Society premises in Botley Road. In view of the requirements of the new Meat Regulations for a higher standard of slaughter and preparation of carcase meat, it was gratifying to receive co-operation from the slaughterhouse managements in that connection. There is still room for improvement, of course, and we must progress continuously in methods adopted in connection with the slaughter, inspection, and handling of carcasses and offal at the slaughterhouses. On the whole the work proceeded smoothly and without incident. Public Health Inspectors undertake duty on a rota basis of one week out of four or five and do not seem to mind the break with district duties. These are partially supervised by a colleague or pupil assistant, as necessary, during their tour of meat inspection.

The system of charges already reported in last year's Report, which only involves payment after 6 p.m. Monday to Friday, or at weekends, continues to operate satisfactorily. Very little overtime indeed has been needed, despite a notable increase of 10,000 carcasses in the overall kill during the year. This is all the more gratifying when it is realised that butchers generally are highly satisfied with the system, including the hours of slaughter. Indeed, because of re-organisation, not every day is completely taken up by slaughtering duties and this shows that by sensible compromise and agreed arrangements, even more trade can be met without overtime. Of course, another reason for the smoothness of the operations is the greater amount of cool hanging space now available at Eastwyke

Farm. It is apparent that even more cooling space would be valuable over the waiting period between slaughter and removal for sale.

Little meat is exported beyond the City and its fringes, the service provided being mainly for the City population. It is pleasing to pay tribute to the co-operation of the management of both slaughterhouses, which at all times has been readily available to help in the smooth working of the meat inspection programme. The total overtime charges during the year and hours involved were as follows:—

Eastwyke slaughterhouse—£25 3s. 3d. involving 136 hours' overtime.

Co-operative Society premises—£12 3s. 3d. involving 44 hours' overtime.

The Divisional Veterinary Officer, Mr. Beament, and his staff at the Marston Headquarters, continue to co-operate to the full in our work and the department appreciated their ready interest and advice on request. The staffs of the Public Health Laboratory and Morbid Anatomy Department of the Radcliffe Infirmary also continued their valuable assistance, for which the department is most grateful. As noted last year, deep freeze facilities still exist and are available at the Deep Freeze Company at Wolvercote, the bakery of Messrs. Oliver and Gurden at North Oxford, and the Co-operative Society premises in Botley Road.

Throughput at the slaughterhouses is set out below.

					<i>Eastwyke</i>	<i>Co-op.</i>
Steers	..	..	..	..	1,586	1,245
Cows	..	..	..	..	221	563
Heifers	..	..	..	..	1,409	1,749
Calves	..	..	..	..	498	366
Sheep	..	..	..	..	13,948	9,048
Pigs	..	..	..	..	6,904	8,128
					<hr/>	<hr/>
					24,566	21,099
					<hr/>	<hr/>
Total	..	..	..			45,665
						<hr/>

The total of 45,665 animals slaughtered during the year is well above the figure of 35,901 during 1963 with the average over the last ten years' working out at 34,666, so continuing the upward trend.

Cysticercus Bovis

19 suspected cases of this tape worm condition were discovered during the year, compared with 13 reported last year. 13 were confirmed as viable cysts and another 4 considered highly suggestive of *Cysticercus Bovis*. The other two were so degenerated as to be doubtful. All cysts were found in cheek muscles and in only one case were additional cysts found in the muscle of the heart. All affected carcasses were referred for cold storage treatment with the consent of the owners. Complete wrapping

and labelling was carried out in order to ensure identification of the carcasses at the end of the appropriate period when discharged from the deep freeze store. The Divisional Veterinary Officer concerned was informed in each case with full particulars of origin where available, ear tags being secured where possible for confirmation. The plotting of all the cases with special reference to grazing sites is of particular importance where such adjoin streams, sewage works, or major roads. Interesting information may well become available in relation to incidents adjoining major roadways where proper lavatory accommodation is lacking; a notable failing in the general roadway system of this country. Provision of toilet facilities nationally on major roads is now receiving urgent Government attention. How far human fouling of verges and fields used for cattle grazing may be linked with infestation incidence is problematical but the matter certainly needs investigation.

Cysticercus Bovis—Annual Record of Incidence

	No. of Cattle Inspected	Suspected cases i.e (Number refrigerated)	Viable Cysticercus bovis	Degenerated Cysts	Others
1954	(excluding Calves) 5,279	18	12		
1955	3,934	11	5		
1956	4,602	27	7	20	
1957	4,267	40	20	Most of the remaining 20 were returned as Cysts in various stages of degeneration	
1958	4,263	29	16	11	
1959	3,977	15	10	5	
1960	4,786	19	15	2	2 granulomata
1961	5,584	15	8	4	3 granulomata
1962	5,887	11	3	2	4 granulomata 2 sarcosporidia
1963	6,171	13	8	4	(3 having cysts of a parasitic nature suggestive of Cysticercus bovis, 1 doubtful)
1964	6,773	19	13	4	(2 suggestive of Cysticercus bovis)

Liver Fluke (Fascioliasis)

An increase in this condition is apparent this year, both in sheep and bovine livers. This is a pity for it means economic loss to butchers with loss of valuable foodstuffs. Wet seasons in the grazing areas are said to contribute considerably to increase of this infestation which involves a snail most common in ponds and waterlogged grazing land.

Year	Bovines Inspected	Bovines Affected	Per-centage	Sheep Inspected	Sheep Affected	Per-centage
1955	6,392	777	12.12	12,847	197	1.51
1956	7,779	1,057	13.52	17,722	205	1.14
1957	6,310	548	8.66	11,042	29	0.26
1958	5,542	668	12.02	11,491	59	0.51
1959	4,993	1,176	23.55	19,066	641	3.36
1960	5,971	1,068	17.88	18,225	182	0.99
1961	5,584	936	16.41	21,498	336	1.56
1962	5,887	837	14.22	19,051	248	1.30
1963	6,171	795	12.88	17,664	230	1.30
1964	6,773	1,032	15.23	22,996	340	1.47

Tuberculosis

Figures this year are an all-time low record for all animals, bovine incidence being nil and pigs only 0.28%. 43 lymph nodes from pigs were submitted for examination at the Public Health Laboratory during the year and only one showed acid fast organisms. 4 others suggested morphological Tuberculosis, one later being reported as positive, 3 being necrosis. 7 were reported as Tuberculous lymphadenitis, 4 reactive hyperplasia, 6 granulomata; 9 showed mycobacterium and 8 were reported negative. Wherever Tuberculosis is presumed culture proceeds with typing of positive growth and this is unfortunately a somewhat lengthy process.

Percentage of Animals affected with Tuberculosis (Presumptive)

	Cattle	Cows	Calves	Pigs
1955	5.7	11.4	0.08	1.9
1956	4.8	12.5	0.1	1.8
1957	2.5	6.1	0.05	1.6
1958	1.8	4.4	—	1.4
1959	0.7	—	—	0.9
	(Adult Cattle)			
1960	0.07	0.01	—	1.34
1961	0.08	0.03	—	1.04
1962	0.05	—	—	0.55
1963	0.06	—	—	0.45
1964	—	—	—	0.28

Tuberculosis in Food Animals, 1964 (Presumptive)

Portions dealt with	Bovines	Pigs	Totals
Whole carcasses	—	—	—
Part Carcasses	—	1	1
Whole Offal	—	—	—
Part Offal	—	42	42
Totals	—	43	43

Inspections and Condemnations, 1964

	Cattle exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	5,989	784	864	22,996	15,032
Number inspected	5,989	784	864	22,996	15,032
All diseases except tuberculosis and cysticerci:					
Whole carcasses condemned ..	1	3	4	5	9
Carcases of which some part or organ was condemned	1,373	241	8	721	1,381
Percentage of numbers inspected affected with diseases other than tuberculosis and cysticerci ..	22.94	31.12	1.28	3.15	9.25
Tuberculosis only:					
Whole carcasses condemned ..	—	—	—	—	—
Carcases of which some part or organ was condemned	—	—	—	—	43
Percentage of numbers inspected affected with tuberculosis ..	—	—	—	—	0.28
Cysticerci:					
Carcases of which some part organ was condemned	19	—	—	—	—
Carcases submitted to treatment by refrigeration	19	—	—	—	—
Generalised and totally con- demned	—	—	—	—	—

Diseases other than Tuberculosis in Food Animals, 1964

	<i>Carcase</i>		<i>Offal</i>	
	Total	Partial	Total	Partial
<i>Adult Cattle</i>				
Johne's disease	—	—	—	—
Actinobacillosis (Mycosis)	—	—	—	29
Septicaemic conditions	3	—	3	—
Pneumonia and/or pleurisy	—	—	—	32
Peritonitis	—	—	—	—
Mastitis	—	—	—	—
Hepatic abscess	—	—	—	379
Fascioliasis (fluke)	—	—	—	1,032
Parasitic pneumonia	—	—	—	—
Echinococcosis	—	—	—	4
Cysticercosis (C. bovis) rejected	—	—	—	19
" " refrigerated	19	—	—	19
Tumours	—	1	—	21
Bruising	—	1	—	2
Emaciation	—	—	—	—
Other conditions	1	1	1	70
Totals	23	3	4	1,607
<i>Calves</i>				
All septicaemic conditions	3	—	3	—
Joint-ill or navel-ill	—	—	—	—
Immaturity	—	—	—	—
Bruising	—	1	—	1
Other conditions	1	—	1	2
Totals	4	1	4	3
<i>Pigs</i>				
Swine erysipelas	1	—	1	—
All septicaemic conditions	6	1	6	3
Pneumonia and/or pleurisy	—	—	—	741
Pyæmia	—	—	—	3
Echinococcosis	—	—	—	13
Ascariasis (milk spot)	—	—	—	444
Bruising	—	2	—	—
Abscess	—	3	—	7
Arthritis	—	1	—	—
Other conditions	2	3	2	151
Totals	9	10	9	1,362
<i>Sheep</i>				
All septicaemic conditions	4	—	4	—
Fascioliasis (fluke)	—	—	—	340
Pneumonia and/or pleurisy	—	—	—	29
Parasitic pneumonia	—	—	—	1
Cysticercus Ovis	—	—	—	3
Echinococcosis	—	—	—	48
Bruising	—	1	—	1
Emaciation	1	—	1	—
Pyæmia	—	—	—	—
Arthritis	—	—	—	—
Other conditions	—	1	—	292
Totals	5	2	5	714

Unsound Meat

The usual arrangements continued for removal and processing of unsound and inedible meat products from the slaughterhouses. Specially marked vehicles are used by the approved firm, who convey the material to a processing plant in the London area. A small amount is released from time to time by arrangement for use at dog kennels and a Mink Farm in the country, while certain glands and organs are collected by pharmaceutical interests for commercial use. No seizures of meat were made during the year and the amount of meat surrendered as unsound continues to be comparatively small. There is no difficulty of disposing of odd parcels of meat or offal from butchers' shops or otherwise, as necessary, at the Churchill Hospital incinerator.

(iv) Sampling of Food and Drugs

186 (193) samples of food and drugs were submitted to the Public Analyst and only 9 (9) were returned as non-genuine. The figures are very similar to those of last year. The 9 non-genuine samples were as follows:—

- (1) Meat and Vegetable Curry was found deficient in meat, containing only 25%, but manufacturers agreed to change the formula and increase the meat content.
- (2) Blackcurrant Linctus was found to be incorrectly described, containing only flavour—manufacturers agreed to change the label as required.
- (3) Steak Fillets were considered as having a misleading label and manufacturers agreed to change the label.
- (4) Beef and Vegetable Curry was considered deficient in meat, containing only 20%. Follow-up sample proved satisfactory after notification to manufacturers.
- (5) Pork Sausages considered deficient in meat, containing only 58%. Further samples satisfactory after notification to manufacturers.
- (6) Lemon juice was considered deficient in Vitamin C and manufacturers agreed to change the description on the label.
- (7) Stewed Steak with Gravy was found to be deficient in meat, containing 67% only. Manufacturers requested to increase to 80% and offered 75%.
- (8) Orange Flavoured Drink was found to contain excess lead (0.5 parts per million). Stocks withdrawn and destroyed on consent of manufacturers.
- (9) Hot Milk was found to contain 9.5% added water due to condensation product entering the bulk of milk because of damaged lid to heating urn. Health Committee issued formal warning and urn was repaired with satisfactory result.

38 unsatisfactory food conditions were reported to the Health Committee for consideration of statutory proceedings and 13 prosecutions were authorised. 25 warnings were also issued. Successful prosecutions included:—

- (1) Mouldy Cornish Pasty—fined £10 plus £3 10s. 0d. costs and £5 5s. 0d. advocate's fees.
- (2) Mouldy Turkish Delight—fined 25 guineas plus 15 guineas costs.
- (3) Mouldy Cornish Pasty—fined £10.
- (4) Mouldy chocolate angel cake—fined £60 plus £15 costs.
- (5) Mouldy loaves—fined £10.
- (6) Mouldy loaves—fined £20 plus £5 advocate's fee.
- (7) Mouldy sausage rolls—fined £10 plus 5 guineas advocate's fees.
- (8) Mouldy Bargatto cake—fined £20.
- (9) Mouldy custard tart—fined £20 plus £5 advocate's fee.
- (10) Maggots in Cornish Pasty—fined £30.
- (11) Dirt in loaf—fined £20 plus 5 guineas costs.
- (12) French loaf with foreign matter—fined £25.
- (13) Mouldy Walnut Square—fined £10.

The following matters resulted in warnings:—

Mouldy steak and kidney pie (2)	Milk bottle containing foreign body
Mouldy chocolate cake (2)	Metal filings in bread
Metal in chocolate	Mouldy chocolate slices
Fibres in coconut ice	Label in loaf
Mouldy tinned tomatoes	Nail in loaf
Black matter in bacon	Mouldy yoghurt
Fermented strawberry jam roll	Mouldy sausages
Plastic in cake	Mouldy cornish pasty
Wire in oranges	Mouldy sausage rolls
Foreign body in butter	Apples incorrectly marked
Dirt in loaf	Metal nut in prunes
Wood in Devon slice	

It is usual for Health Committee to consider carefully the circumstances and where appropriate issue a warning, but where circumstances are considered sufficiently serious, prosecution is authorised. It is notable that 10 of the 13 prosecutions related to mouldy foodstuffs, as did 10 also of the 25 warnings issued. Food handlers and persons responsible for the production and sale of perishable food should realise that mould develops quickly and cool hygienic conditions and careful handling are essential. This is particularly desirable when the weather is warm and sultry. The sale of perishable goods after unsatisfactory weekend storage is a particular source of concern.

It will be noted that 4 of the 8 non-genuine samples returned by the City Analyst were considered as having unsatisfactory labels. It seems pertinent, therefore, to refer to a tendency in some cases towards the use of colourful and highly pictorial designs with striking captions referring to supposed contents. On examination actual contents may be far removed from the suggestions apparent on the outside of containers, e.g. succulent joints, colourful fruits, fancy mixtures, etc. It is surely time that reasonable and honest description was made a compulsory requirement on all pre-packed foods so that the public may have an opportunity of purchasing them with confidence. Contraventions should lead to prosecution so that packers and manufacturers are in no doubt as to their position in the matter.

Samples taken for Analysis during the year 1964

Article	No. of samples obtained			Result of Analysis	
	Informal	Formal	Totals	Genuine	Non-Genuine
Baking requisites ..	11	—	11	11	—
Beverages	18	—	18	17	1
Bread	1	—	1	1	—
Bread and Butter ..	—	3	3	3	—
Cakes and Puddings	6	—	6	6	—
Cheese (Cream) ..	1	—	1	1	—
Confectionery	3	—	3	3	—
Cream	2	—	2	2	—
Curries	7	1	8	6	2
Drugs and Vitamins	18	—	18	18	—
Fats	5	—	5	5	—
Fish	4	—	4	4	—
Flour (plain)	1	—	1	1	—
Flour (S.R.)	2	—	2	2	—
Flour (wholewheat) ..	1	—	1	1	—
Flour products	2	—	2	2	—
Fruit	11	—	11	11	—
Health Drinks	5	—	5	3	2
Ice Cream	12	—	12	12	—
Meat and Meat Products	21	—	21	19	2
Milk (hot)	—	3	3	2	1
Preserves	18	—	18	18	—
Sauces and Spices ..	10	—	10	10	—
Sausages (beef)	3	—	3	3	—
Sausages (chipolata)	1	—	1	1	—
Sausages (pork)	6	—	6	5	1
Spirits	—	5	5	5	—
Spreads and Pastes ..	3	—	3	3	—
Vinegar (raspberry) ..	1	—	1	1	—
Water	1	—	1	1	—
Totals ..	174	12	186	177	9

Local Consumer Group Activity

Close collaboration exists with the Oxford group, which continues to take an active part in investigation of general consumer conditions (including hygienic standards and compliance with food laws). The Group

showed particular interest during the year in dry cleaning operations, the sale of Luxana cooking utensils, washed vegetables and the use of hair lacquers. A restaurant survey was also undertaken, having particular regard to the type and quality of food served and some interest in hygienic conditions of service. There is no doubt that such Groups can be most useful to public departments like ours and I am grateful for their continued interest.

Bacteriological Investigations—The Public Health Laboratory Service

Excellent service continued from Dr. Vollum and his staff at the Laboratory attached to the Radcliffe Infirmary. New premises are at last occupied after rebuilding operations. 352 (442) samples were submitted during the year and the following table shows the types submitted.

Ice Cream	..	..	..	..	..	..	102
Ice Cream Mix	..	..	..	..	..	..	1
Fresh Cream	..	..	..	..	..	..	31
Ice Lollies	..	..	..	..	..	..	47
Canned Food	..	..	..	..	..	..	1
Meats	..	..	..	..	..	..	40
Meat Inspection samples (Lymph Nodes, Organs, etc.)	..						52
Faeces	..	..	..	..	..	..	18
Swimming Bath Samples	..	..	..	..	..	..	52
Drinking Water Samples	..	..	..	..	..	..	2
Hair Gel	..	..	..	..	..	..	1
Urine	..	..	..	..	..	..	1
Lemon Curd	..	..	..	..	..	..	1
Macaroona	..	..	..	..	..	..	2
Mussels	..	..	..	..	..	..	1
							352

No pigeons were submitted for examination this year. There was a considerable reduction in the number of fresh cream samples submitted, it being felt that the special investigation last year had served its purpose. It is still apparent that the easiest way of ensuring adequate bacteriological control of this popular dairy product is by pasteurisation—as in the case of milk. Why this is not carried out in all cases as a routine measure is hard to understand, for pasteurisation has little effect on the general quality of the commodity. 50% of the samples of fresh cream

taken proved unsatisfactory; in some cases heavy contamination was apparent. Sources of the samples included bakeries, supermarkets, dairy and milk retailers and producers.

150 ice cream and lollies were submitted for examination, there being 102 ice cream, 1 ice cream mix, and 47 ice lollies. Of the ice cream samples, 10 were unsatisfactory and in the majority of cases it was apparent that faulty service was to blame. Advice secured satisfactory samples thereafter in each case. Of the ice lollies submitted 2 were unsatisfactory containing substantial numbers of B. Coli. Follow up secured improvement and no further failures were reported.

18 samples of faeces were submitted this year, the majority being concerned with an outbreak of diarrhoea associated with a turkey dinner. Lemon curd was involved in another case but all samples were returned negative.

As already indicated, there is gradual increase in the number of swimming baths and instructional pools for school children, and sampling work is increasing. The public swimming baths at Hinksey Pools and Temple Cowley are supervised by the staff of the City Water Engineer, who sample at regular intervals. Our staff visit the pools and school swimming baths for occasional sampling and advice, where necessary, to the staff operating the filtration and treatment systems of the pools. The static baths at the Wingfield Hospital are also regularly visited and advice given as necessary. In general, samples were good and it is interesting to note that a new filtration and treatment plant has now been fitted (1965) to the Wingfield Hospital original pool and is functioning satisfactorily. 52 samples in all were examined.

Merchandise Marks Act

190 (203) visits were made in connection with the marking and display of food in the City. There was little difficulty in securing compliance where such things as tomatoes were concerned, although there is usually some diffidence in early season about the marking of tomatoes. Retailers now know that the public are rapidly becoming interested in consumer protection and it therefore behoves them to exercise care in the presentation of their products so as to avoid complaint.

Foodstuffs Surrendered for Destruction

Commodity								Weight in lbs.	
Cheese	..	..	..	..	..	..	..	86	
Confectionery	..	..	..	..	..	..	..	177½	
Fats	..	..	..	..	..	..	..	12	
Fish	..	..	..	..	..	..	..	390½	
Flour	..	..	..	..	..	..	..	815	
Fruit	..	..	..	..	..	..	..	43	
Meat	..	..	..	..	..	..	..	3,755½	
Sausages (beef)	..	..	..	..	..	..	..	32	
Sausages (pork)	..	..	..	..	..	..	..	37½	
Vegetables	..	..	..	..	..	..	..	11,806	
									17,155
Canned—									
Meat	..	..	..	..	..	..	..	2,173½	
Fruit	..	..	..	..	..	..	..	4,891¼	
Vegetables	..	..	..	..	..	..	..	1,297½	
Fish	..	..	..	..	..	..	..	130¾	
Milk	..	..	..	..	..	..	..	412	
Jam	..	..	..	..	..	..	..	132½	
Soup	..	..	..	..	..	..	..	223¼	
Miscellaneous	..	..	..	..	..	..	..	809	
									10,069¾
Frozen goods	..	..	..	..	..	..	..	2,272¼	
									2,272¼
									29,497

Disposal of foodstuffs surrendered continues to be mainly by deep tipping at the Corporation tip in co-operation with the City Cleansing Superintendent, who has been most helpful throughout the year. The incinerator at the Churchill Hospital is also available for the disposal of some material—usually surrendered meat, fish or other putrescible foodstuffs.

Fertilisers and Feeding Stuffs

No samples were taken under the Fertiliser and Feeding Stuffs Act during the year but arrangements have been made for some quarterly samples in future. These should indicate how far standards set out in the Act are being followed.

(v) Markets

The City covered market continues to improve in general with alterations from time to time. The market is now much brighter and more hygienic than before and much less trouble is experienced with storage and disposal of refuse. The open market at the Oxpens continues to operate every Wednesday and is subjected to regular morning and afternoon inspections. It is pleasing to note that little in the way of trouble was experienced during the year. The number of food shops and stalls are set out as follows:—

Covered Market—

Butchers	..	..	..	..	..	..	12
Fishmongers and Poulterers	..		..	..	..	..	5
Fruiterers and Greengrocers	..		..	..	..	..	11
Grocers	..	..	..	..	..	..	2
Restaurants	..	..	..	..	..	..	3
Cake and Confectionery			..	..	..	..	4
							—
							37
							==

Open Market—

Fruiterers and Greengrocers	..		..	..	..	..	7
Confectioners	..	..	..	..	..	..	4
Biscuit and Cake Stalls			..	..	..	..	1
Grocers	..	..	..	..	..	..	2
Ice Cream Dealers		..	..	..	..	..	1
Fishmongers	..	..	..	..	..	..	1
							—
							16
							==

